

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006531  
State File No. ....

FILED FEB 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL JACKSON TWP.</u> ) c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY OR TOWN <u>PARIS</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLEASANT VIEW RESTHOME</u>		e. STREET ADDRESS (If rural, give location) <u>234 BASKETT ST.</u> <u>0690</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u> b. (Middle) <u>EDGAR</u> c. (Last) <u>CRESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 12, 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 23, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIROPRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSTOWN, N. Y.</u>
13a. FATHER'S NAME <u>CONRAD CRESS</u>		13b. MOTHER'S MAIDEN NAME (Not at name) <u>MARGARET (NOT KNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH E. CRESS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PERRY E. CRESS</u>		ADDRESS <u>PARIS, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES (b) <u>Widow Blows</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JUN 10, 1956</u> to <u>FEB. 12, 1958</u> , that I last saw the deceased alive on <u>FEB 12, 1958</u> , and that death occurred at <u>4:05 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. W. M. Hughes M. D.</u>		23b. ADDRESS <u>PARIS, MO.</u>	
23c. DATE SIGNED <u>2-13-58</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-15-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON, MISSOURI.</u>	
DATE REC'D BY LOCAL REG. <u>2-13-58</u>		REGISTRAR'S SIGNATURE <u>F. R. Barnett M. D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed &amp; Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 20 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.