

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-006548

State File No. _____

FILED FEB 19 1958

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>5713</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Hellsville mo</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>Hellsville mo (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi East of Hellsville mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi East of Hellsville</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mi East of Hellsville mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Thomas Leman Perry</u>			b. (Middle)			c. (Last)	
DATE OF DEATH (Month) (Day) (Year) <u>2/9/58</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>Aug-14-18-1895-82</u>	9. AGE (In years) (Month) (Day) <u>5 11 23</u>	IF UNDER 1 YEAR	IF UNDER 2 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		13c. NAME OF SPOUSE OR WIFE <u>Edith Perry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Perry</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>appalsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>334X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Feb 1</u> , 195 <u>8</u> , to <u>Feb 9</u> , 195 <u>8</u> , that I last saw the deceased alive on <u>Feb 9</u> , 195 <u>8</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Willie H. Waller</u>				23b. ADDRESS <u>Hellsville mo</u>		23c. DATE SIGNED <u>2/11/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/11/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hellsville City Cem Hellsville mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>2-14-58</u>		REGISTRAR'S SIGNATURE <u>Gertrude Romans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H B Kelly</u>			
				ADDRESS <u>Hellsville mo</u>			

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

