Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021193
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Carrollton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 713 Highland — Length of stay in lb 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Carroll
c. CITY OR TOWN Carrollton 0171 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 713 Highland — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARY Middle ELLEN Last PERRETEN

4. DATE OF DEATH Month July Day 2 Year 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Sept.11 1871
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Saline County Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Snider
13b. MOTHER'S MAIDEN NAME Hannah Nesmith
14. NAME OF HUSBAND OR WIFE John Perreten

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs.Wm.Meier, Bogard, Mo. Address R.F.D.#3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Indirmities of Old Age
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 794 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1/56, to July 2/58 and last saw her alive on June 25/58
Death occurred at 8:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Hamilton Stafford MD
22b. ADDRESS Carrollton, Mo
22c. DATE SIGNED July 3/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/4/1958
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.
23d. LOCATION (City, town, or county) Carroll County Mo. (State)

24. FUNERAL DIRECTOR Standley-Gibson, ADDRESS Carrollton, Mo
25. DATE RECD. BY LOCAL REG. 7/3/58
26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.