

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033302

FILED VS SEP 23 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 175

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dort			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 1 yr.	c. CITY OR TOWN Lake Spring		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFerland Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 		
3. NAME OF DECEASED (Type or print) First O. ER Middle CONGER Last PER Y			4. DATE OF DEATH Month Sept. Day 17 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/13/1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ferninand Perry		13b. MOTHER'S MAIDEN NAME Cordelia Norrett		14. NAME OF HUSBAND OR WIFE Martha Perry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mary Ellen Bowles Perry Lake Spring, Mo. Address 			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterio Sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9-7-59 to 9-17-59 and last saw ^{her} him alive on 9-17-59 Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE [Signature] (Degree or Title) 			22b. ADDRESS Rolla Mo		22c. DATE SIGNED 9/17/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/17/59	23c. NAME OF CEMETERY OR CREMATORY Farmers Cemetery		23d. LOCATION (City, town, or county) (State) Vandalia, Ill.		
24. FUNERAL DIRECTOR Linton James Home Kinrundy, Ill. ADDRESS 			25. DATE RECD. BY LOCAL REG. Sept. 17, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____ me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____ Carl J. Glenn _____

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.