

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004760

FILED VS FEB 3 1960

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. L

STATE FILE NUMBER

ENDED

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|--|---|--|---|--|--|--|---|-------|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter, | | Length of stay in 1b yrs. | | c. CITY OR TOWN Dexter, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 215 S. Sassafras | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) CHARLES HARRISON PERRY | | | | 4. DATE OF DEATH Jan. 13, 1960 | | | | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 11-25-89 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY ---- | | 11. BIRTHPLACE (City and state or country) Avert, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME George Perry | | | 13b. MOTHER'S MAIDEN NAME Susan Link | | | 14. NAME OF HUSBAND OR WIFE ----- | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | | 16. SOCIAL SECURITY NO. 492-20-0798 | | 17. INFORMANT Address Rose Perry, Dexter, Missouri | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumoniz Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Nephritis | | | | | | 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 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 a.m. p.m. | | Month, Day, Year | | | | | | | |
| 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 Dec. 26, 1959 to Jan. 13, 1960 and last saw him alive on Jan. 13, 1960 Death occurred at 3:10 p. m. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE F O Kelley (Degree or title) | | | | 22b. ADDRESS Bernie, Mo. | | | 22c. DATE SIGNED 1-15-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan. 15-60 | 23c. NAME OF CEMETERY OR CREMATORY Walker cemetery | | 23d. LOCATION (City/ town, or county) (State) Stoddard Co. Missouri | | | | |
| 24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO. | | | | 25. DATE RECD. BY LOCAL REG. 1-25-60 | | 26. REGISTRAR'S SIGNATURE Velma V. Jensen | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 4 - 1960

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 Lulu Cooper # 3499

Student Embalmer No. _____

~~WORKING UNDER MY PERSONAL SUPERVISION.~~

Student _____

Signature of Student Embalmer

Signed _____

Ivan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, M

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.