

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020002

FILED VS MAY 17 1960

Registration District No. 181 Primary Registration District No. 5678 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly Twp</u>		c. CITY OR TOWN <u>Eolia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) <u>Waverly Township</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Perry</u> Middle <u>Elder</u> Last _____			4. DATE OF DEATH Month <u>Apr</u> Day <u>18</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 6-1897</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Lincoln Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>George Elder</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Farris</u>		
14. NAME OF HUSBAND OR WIFE <u>Frances Perry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>Kellie Elder Harrison Hill, Mo</u>		Address _____		_____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS</u>  <u>1 YR</u>
IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>VIREMIA</u>	
DUE TO (c) _____		

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	
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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 10-11-58 to \_\_\_\_\_ and last saw her alive on 4-15-60  
Death occurred at 4 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Don P. Hellen MD</u> (Doctor or title)	22b. ADDRESS <u>Troy Mo</u>	22c. DATE SIGNED <u>4-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIR VIEW CEMETERY LINCOLN CO. MO.</u>
23d. LOCATION (City, town, or county) _____		(State) _____

24. FUNERAL DIRECTOR <u>Bankhead Funeral Chapel</u> <u>Boiling Green Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4/22/1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintzy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 18 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold King

Licensed Embalmer No. 459

P. O. Address Bonling

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.