

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUL 1 1960

=60-022886

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 740

NDE

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>5 weeks</u>	c. CITY OR TOWN <u>Ash Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ELLEN</u> Middle Last <u>PERRYMAN</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>5</u> Year <u>1960</u>		
---	--	--	---	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 5 1876</u>	9. AGE (last birthday) <u>84</u>	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) <u>Book Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ash Grove - Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>J. L. Perryman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Looney</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</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. <u>491-05-2554</u>	17. INFORMANT <u>Etta Dean - Ash Grove - Mo.</u>	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) <u>Arterio-sclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture, simple, distal left femur</u>		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 _____ 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 <u>Springfield, Mo.</u>	COUNTY <u>Greene</u>	STATE <u>Mo.</u>
--	--	---	-------------------------	---------------------

21. I attended the deceased from 4-21-1960 to 6-5-60 and last saw her ^{per} alive on 6-4-1960
Death occurred at 1:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank D. Sundstrom M.D.</u> (Degree or title)	22b. ADDRESS <u>1211 So Glenstone Springfield, Mo.</u>	22c. DATE SIGNED <u>7-1-1960</u>
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ash Grove - Mo.</u>
--	----------------------------	---	---

24. FUNERAL DIRECTOR <u>Brew - Daniel - Ash Grove - Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Merton</u>
--	---------	---	---

(Licensed Embalmer's Statement on Reverse Side)

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dayla L. Samuel

Licensed Embalmer No. 470

P. O. Address Oriskany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.