URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUN 29 1960

AMENDED

60-023025
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia
Length of stay in Ib 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Iron
c. CITY OR TOWN Rural-Arcadia
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1½ mi. E. on Hwy.72
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Myrtle Ethel Perry
4. DATE OF DEATH Month Day Year: June 16, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 19.1887
9. AGE (last birthday): 72
IF UNDER 1 YEAR Months 5 Days 28
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John W. Green
13b. MOTHER'S MAIDEN NAME: Dora Rice
14. NAME OF HUSBAND OR WIFE: Richard M. Perry
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.: none
17. INFORMANT Address: Dolores Weiss, Ironton, Missouri.

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) Intestional obstruction-cause undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 March 17, 1960, to June 16, 1960 and last saw her alive on June 14, 1960
Death occurred at 6:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C. Menne MD
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 6-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-18-60
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county) (State): Ironton Mo.

24. FUNERAL DIRECTOR ADDRESS: White Funeral Home, Ironton Mo.
25. DATE RECD. BY LOCAL REG.: 6-18-60
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lyle H. White

Signature of Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Shorton,

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