

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029338

FILED VS JUL 27 1960

STATE FILE NUMBER

54

Registration District No. *337* Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethel Twp.		Length of stay in 1b 51yrs	c. CITY OR TOWN Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 mi. N.W. of Bethel, Mo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sadie Middle Core Last Perrigo			4. DATE OF DEATH Month July Day 14 Year 1960			
5. SEX Female	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 June 11, 1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 1 Days 3	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 3 am		11. BIRTHPLACE (City and state or country) Shelby Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sanford C. Wilson		13b. MOTHER'S MAIDEN NAME Anna Burckhardt		14. NAME OF HUSBAND OR WIFE Albert Perrigo		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-14-0416	17. INFORMANT Albert Perrigo Shelbyville, Mo. Address
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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		INTERVAL BETWEEN ONSET AND DEATH 3 years
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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	COUNTY STATE

21. I attended the deceased from **June 8, 1957** to **July 14, 1960** and last saw her alive on **July 13, 1960**
Death occurred at **10 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. C. [Signature] (Degree or title)	22b. ADDRESS Shelbyville Mo	22c. DATE SIGNED 7-23-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 16/60	23c. NAME OF CEMETERY OR CREMATORY Pleasant Prairie	23d. LOCATION (City, town, or county) (State) 3 1/2 mi. N.W. Bethel, Mo
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24. FUNERAL DIRECTOR C.W. Musgrove. Bethel, Missouri.	25. DATE RECD. BY LOCAL REG. 7-25-1960	26. REGISTRAR'S SIGNATURE Ada Garrison
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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lee Muesgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.