URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1 1960

-60-031520

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 146

ENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b 9 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Hayti — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Alberta Middle Last Perry

4. DATE OF DEATH Month 8 Day 20 Year 60

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-25-1921
9. AGE (last birthday) 39 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Scott, Mississippi
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Jim Jackson
13b. MOTHER'S MAIDEN NAME Stella Mae Jefferson
14. NAME OF HUSBAND OR WIFE Harrison Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. XX
17. INFORMANT Address Harrison Perry, Rt. 1, Hayti, Mo.

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
IMMEDIATE CAUSE (a) Pneumonia - Bronchial [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Type undetermined
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. ☐ 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 8-18-60, to 8-20-60 and last saw her ~~him~~ alive on 8-19-60
Death occurred at 5:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.
22b. ADDRESS 200 8th 4th Hayti Mo
22c. DATE SIGNED 8-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-22-60
23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery
23d. LOCATION (City, town, or county) (State) Osceola, Arkansas

24. FUNERAL DIRECTOR Security Funeral Home, ADDRESS West, Memphis, Arkansas
25. DATE RECD. BY LOCAL REG. 8-24-60
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 14 1981

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_____ Signed George A. Mims

Signature of Student Embalmer

Licensed Embalmer No. 1148

P. O. Address West Mem

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.