

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008419

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 319 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 3 1961

1. **PLACE OF DEATH**
 a. COUNTY **Greene**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield,** Length of stay in 1b **27 years**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1314 E. University** Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived, If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Greene**
 c. CITY OR TOWN **Springfield,** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1314 E. University** Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last
JAMES GILBERT PERRYMAN

4. **DATE OF DEATH** Month Day Year
March 27, 1961

5. **SEX** **Male** 6. **COLOR OR RACE** **White** 7. **Married** **Never Married**
Widowed **Divorced**

8. **DATE OF BIRTH** **January 13, 1904** 9. **AGE (last birthday)** **57**
 IF UNDER 1 YEAR: Months **2** Days **14** IF UNDER 24 HR: Hours **14** Min. **0**

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Supervisor of training**
 10b. **KIND OF BUSINESS OR INDUSTRY** **U.S. Medical Center** 11. **BIRTHPLACE** (City and state or country) **Barry County, Missouri**
 12. **CITIZEN OF WHAT COUNTRY** **USA**

13a. **FATHER'S NAME** **John W. Perryman** 13b. **MOTHER'S MAIDEN NAME** **Nora Lassiter** 14. **NAME OF HUSBAND OR WIFE** **Clara Perryman**

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) **unknown**
 16. **SOCIAL SECURITY NO.** **unknown** 17. **INFORMANT** **Mrs. Clara Perryman** Address **Springfield, Mo.**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) **Acute myocardial infarction**
 DUE TO (b) **Atherosclerotic heart disease**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 _____ Month, Day, Year _____
 a.m. _____ p.m. _____

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 **5/30/58** to **death** and last saw her/him alive on **10/8/60**
 Death occurred at **6 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** _____ (Degree or title) 22b. **ADDRESS** **Springfield Mo** 22c. **DATE SIGNED** **3/27/61**

23a. **BURIAL, CREMATION, Homeless (Specify)** **Burial** 23b. **DATE** **March 30, 1961** 23c. **NAME OF CEMETERY OR CREMATORY** _____ 23d. **LOCATION** (City, town, or county) (State) **Cassville, Missouri**

24. **FUNERAL DIRECTOR** ADDRESS **Gorman-Scharpf Funeral Home, Inc.** **Springfield, Missouri** 25. **DATE RECD. BY LOCAL REG.** **3-29-61** 26. **REGISTRAR'S SIGNATURE** **Effie S. Melton**

APR 3 1961

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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 *L. Aashin Gorman*

Licensed Embalmer No. 3177

P. O. Address *Springfield*

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.