

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028082

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 39-1 Primary Registration District No. 4515 Registrar's No. 68

STATE FILE NUMBER

AMENDED

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>	Length of stay in lb <u>5 day</u>	c. CITY OR TOWN <u>Trenton, Mo.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If Not in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Co Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Route 3</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>Persell</u> Last <u>Persell</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>6</u> Year <u>1961</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 30, 1904</u>	9. AGE (last birthday) <u>56'</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Grundy Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Persell</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Tommie Persell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	INFORMANT <u>Tommie Persell</u>	Address <u>Trenton Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Pneumo-pneumonia</u>	<u>8 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>coronary sclerosis</u>	<u>16 hr</u>
	DUE TO (c) <u>gastric ulceration</u>	<u>6 mo</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>sub-total gastrectomy</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
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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.)
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20c. TIME OF INJURY Hour <u>3:39</u> e.m. <u>A.</u> Month <u>8</u> Day <u>6</u> Year <u>1961</u>	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>Trenton</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>8/1/61</u> to <u>8/6/61</u> and last saw <u>him</u> alive on <u>8/6/61</u>	
Death occurred at <u>3139 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>O. W. Case, D.O.</u> (Degree or title)	22b. ADDRESS <u>Trenton Mo.</u>	22c. DATE SIGNED <u>8/8/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 8, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resthaven</u>	23d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>
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24. FUNERAL DIRECTOR <u>J. Charles Beckman</u>	ADDRESS <u>Trenton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-11-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckwith</u>
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DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 AUG 15 SA

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 Clarence H. Conda

Licensed Embalmer No. 4986

P. O. Address Union, Pa.

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.