

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014800

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5492 Registrar's No. 27

FILED MAY 7 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gasconade		a. STATE Missouri		b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Fredrickburg Twp		Length of stay in 1b 3hrs		c. CITY OR TOWN Chamois	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fredrickburg RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. AGE (last birthday)	
First Alfred Middle Hadley Last Perrey		Month April Day 21 Year 1962		6. AGE (last birthday) 46	
5. SEX male	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 2/18/1916	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months 2 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) heavy equipment operator		10b. KIND OF BUSINESS OR INDUSTRY earth excavating		11. BIRTHPLACE (City and state or country) Mint Hill Mo	
13a. FATHER'S NAME Auther Perrey		13b. MOTHER'S MAIDEN NAME Helia Malan		14. NAME OF HUSBAND OR WIFE Pearl (Joyce) Perrey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes WW II		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs A H Perrey Chamois Mo RFD	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Accident-Fractured Cranium					
DUE TO (b) Hit by falling dead LIMB, (12 in. in Diameter)					
DUE TO (c) from elm tree, while operating excavating equipment					
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Contact of limb by excavating equipment			
20c. TIME OF INJURY 10:10 AM		Month, Day, Year 4-21-1962			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Wooded farm section		20f. CITY, TOWN, OR LOCATION COUNTY STATE near Fredricksburg Gasconade Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at About 10:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>August Hermann</i> Coroner			22b. ADDRESS Hermann Mo		22c. DATE SIGNED 4/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 24 Apr 1962	23c. NAME OF CEMETERY OR CREMATORY Deer Creek,		23d. LOCATION (City, town, or county) (State) Deer Creek, Mo.
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 4-23-62	26. REGISTRAR'S SIGNATURE <i>Delmo Uffelmann</i>

VS 300 Rev. 4/59
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 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 1962

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 Thomas M. Morton

Licensed Embalmer No. 4125

P. O. Address Lin, 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.