

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **APF-LED07 64**

Primary Registration District No. **3001**

Registrar's No.

**0009448**

STATE FILE NUMBER

V 300  
Rev. 4/59

1 **0041**

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12 **90.2**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b> c. CITY OR TOWN <b>Hartford Township</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Vandalia</b>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>313 West Walsh</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>PERLINA Jane Moore</b>		4. DATE OF DEATH <b>March 27, 1964</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-26-1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
13a. FATHER'S NAME <b>Joshua Morris</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Willis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs Lonnie Flannigan, Vandalia, Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial failure</b> DUE TO (c) <b>Senility, Atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4-days</b> <b>5 yrs.</b> <b>10 yrs.</b>	
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 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 <b>a.m.</b> 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 <b>Vandalia, Mo</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>Feb-1941</b> to <b>3-27-1964</b> and last saw her alive on <b>3-27-1964</b> Death occurred at <b>8:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.R. Dougherty, Do</b>		22b. ADDRESS <b>Vandalia, Mo</b>	
22c. DATE SIGNED <b>3-30-64</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>March 30, 1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Middletown Cemetery Middletown, Missouri</b>	
23d. LOCATION (City, town, or county) <b>Middletown, Missouri</b>		23e. STATE <b>(State)</b>	
24. FUNERAL DIRECTOR <b>William B Waters</b>		24b. ADDRESS <b>Vandalia, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>April 1, 1964</b>		26. REGISTRAR'S SIGNATURE <b>Malcolm Fugate</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

1000-412

APR 9 1964

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 William B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missouri

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.