

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33390**
Registrar's No. **5**

FILED NOV 3 1950

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4235</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Annapolis</u> c. LENGTH OF STAY (in this place) <u>3 yrs.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Annapolis</u> d. STREET ADDRESS (If rural, give location) <u>0470</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Piece</u> c. (Last) <u>Simpson Perry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1950</u>		5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 30 1873</u>		9. AGE (in years last birthday) <u>76</u> If under 1 year: Months <u>11</u> Days <u>10</u>		If under 24 hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Coffman Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Cheesebrough</u>		14. NAME OF HUSBAND OR WIFE <u>John T. Perry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy Cleveland, Ironton Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Artero-Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>260X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 1</u> , 19 <u>50</u> , to <u>Oct. 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 6</u> , 19 <u>50</u> , and that death occurred at <u>5:10A</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>C. W. Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Monticello, Mo.</u>		23c. DATE SIGNED <u>10/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Annapolis</u>		24d. LOCATION (City, town, or county) (State) <u>Annapolis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

NOV 2 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

1950
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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
Student Embalmer

Signed Ruby White

Licensed Embalmer No. 3012

P. O. Address Smith New

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 this body is not embalmed, fact should be so stated above.