

No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13033**

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond rural</u>		c. CITY OR TOWN <u>Lawson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 years</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles south Lawson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray County Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u> b. (Middle) <u>S.</u> c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1954</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>September 30, 1864</u>	9. AGE (In years last birthday) <u>89</u> Months <u>6</u> Days <u>14</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm C Wilson, New York, New York</u>	ADDRESS <u>New York, New York</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>4221</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>4-1-54</u> , 19 <u>54</u> , to <u>4-13-54</u> , 19 <u>54</u> that I last saw the deceased alive on <u>4-1-54</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>E. L. Jay M.D.</u>	(Sign or title)	23b. ADDRESS <u>Ray, Missouri</u>	23c. DATE SIGNED <u>4-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray, Missouri</u>

DATE REC'D BY LOCAL REG. <u>April 16-1954</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	275-	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm C Wilson</u>	ADDRESS <u>2405 E. 4th St. Kansas City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0 52 0 10 0

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 .....

Licensed Embalmer No. 4060

P. O. Address 

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.