

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1949

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dudley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dudley</u>	
c. LENGTH OF STAY (in this place) <u>54yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>Manerva</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23 1870</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>15</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>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cookville Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Phelan James Perkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dyer</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby White</u> ADDRESS <u>Dudley, Missouri.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC EMBOLUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC THROMBOSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>JUNE</u> , 19 <u>42</u> , to <u>APRIL 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>APRIL 7</u> , 19 <u>49</u> , and that death occurred at <u>12 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. G. Harold G. M.D. D.O. 2</u>		23b. ADDRESS <u>Dexter, Mo.</u>	23c. DATE SIGNED <u>4/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-13-49</u>	REGISTRAR'S SIGNATURE <u>Norma J. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Inc.</u>	ADDRESS <u>Dexter, Mo.</u>

RECEIVED

District Health Office No. 2,

District File Number 449-508

Date Filed 4-21-49

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 _____

Marsh Watkins

Student Embalmer No. 255

working under my personal supervision.

Signed Marsh Watkins
Student Embalmer

Signed Lynna Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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 this body is not embalmed, fact should be so stated above.