

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34745

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 83

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

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give town) Unionville		c. CITY (If outside corporate limits, write RURAL and give township) Unionville, Mo.	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Perry	b. (Middle) ---	c. (Last) Perkins	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug. 18, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 2 HRS. Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Putnam Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME David Perkins	13b. MOTHER'S MAIDEN NAME Melissa Rice	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Lenord Perkins, Unionville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 19, 1949**, to **Oct 25, 1949**, that I last saw the deceased alive on **Oct 25, 1949**, and that death occurred at **3 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Judd, D.O.	23b. ADDRESS Unionville, Mo.	23c. DATE SIGNED 10/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Oct. 27, 49	24c. NAME OF CEMETERY OR CREMATORY Unionville	24d. LOCATION (City, town, or county) (State) Unionville, Mo.
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DATE REC'D BY LOCAL REG. 10-28-49	REGISTRAR'S SIGNATURE Marvella Durbin	25. GENERAL DIRECTOR'S SIGNATURE W. H. Heston	ADDRESS Unionville, Mo.
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RECEIVED NOV 2 1949
District Health Officer No. 10
District File Number 11-49-187
Date Filed NOV 2 1949

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 Muel E. Husted
Licensed Embalmer No. 3394
P. O. Address Unionville 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.