

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36934**

FILED DEC 12 1949

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1070</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE 37</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u>		c. LENGTH OF STAY (In this place) <u>21 Mon.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trotter Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>BOONE TWP 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>			c. (Last) <u>PERKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 3 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 5</u>		8. DATE OF BIRTH <u>Nov. 18 1872</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BOILER MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOILER-MAKING</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA 1</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>BENJEN PERKINS</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE PEARSON</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Upshaw - Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Has had several hemorrhages previously to this fatal one</u>				INTERVAL BETWEEN ONSET AND DEATH <u>331X</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) _____		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>Several weeks, few months</u> , that I last saw the deceased alive on <u>Dec 2, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Garrett Hoagg, M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>1053 Poanoke</u>		23c. DATE SIGNED <u>Dec. 6-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sinking Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 6-1949</u>		REGISTRAR'S SIGNATURE <u>V.F. Handley wd III</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Birch</u>		ADDRESS <u>Ash Grove Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

39
2
6

1053

STATEMENT BY LICENSED EMBALMER

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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.

Signed Richard E. Watts

Signed _____
Student Embalmer

Licensed Embalmer No. 4652

P. O. Address Ash Grove, 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.