

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12626

State File No. ....

FILED MAY 1 1950

BIRTH NO. 41194-49 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u>		d. STREET ADDRESS (If rural, give location) <u>Route 9</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Stuard</u>	b. (Middle) <u>Elmer</u>	c. (Last) <u>Perkins, Jr.</u>	(Month) <u>April</u>	(Day) <u>23</u>	(Year) <u>1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>August 1, 1949</u>	9. AGE (In years last birthday) <u>0</u>	10. MONTHS <u>8</u>	11. DAYS <u>22</u>	12. HOURS <u></u>	13. MIN. <u></u>
--------------------	-------------------------------	--	--	--	---------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--	---

13a. FATHER'S NAME <u>Stuard E. Perkins</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Chloe Haymes</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</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. <u>Stuard E. Perkins</u>		ADDRESS <u>Springfield, Mo.</u>
--	-----------------------------------	---	--	---------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease (Tetralogy of Fallot)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 mos. &amp; 22 days</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7540</u>

19a. DATE OF OPERATION <u>February 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Congenital heart disease vessels too small to make anastomoses.</u>		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Nov., 1949, to April 23, 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Busick M.D.</u>	(Degree or title)	23b. ADDRESS <u>1635 E. Walnut Springfield</u>	23c. DATE SIGNED <u>4-24-50</u>
---	-------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 25, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dotson</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-26-50</u>	REGISTRAR'S SIGNATURE <u>W. J. Landley W.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Garman Schaufelberger</u>	ADDRESS <u>Springfield, Mo.</u>
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Latpalu Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Md*

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.