

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31034

1600

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4309</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u>		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Boone</u>			
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Malena</u> c. (Last) <u>Perkins</u>			4. DATE OF DEATH <u>Sept. 5 - 1950</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>Oct. 10, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		9. AGE (In years) IF UNDER 1 YEAR: Months <u>10</u> Days <u>26</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Sharp County Ark.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>James Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ritchie</u>		14. NAME OF HUSBAND OR WIFE <u>John Perkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alex Perkins</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senile dementia</u> <u>Acute Bronchitis.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>49.22</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) <u>Southwest City McDonald Mo.</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>9-1</u> , 19 <u>48</u> , to <u>9-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>50</u> , and that death occurred at <u>1:30</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Warrack M.D.</u> (Degree or title)		23b. ADDRESS <u>Southwest City, Mo.</u>		23c. DATE SIGNED <u>9-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WASHBURN Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-50</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u> <u>423</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u> ADDRESS <u>Camille Mo.</u>			

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED OCT 3 1950

Dist. File 1050-2040

Date Filed 10-7-50

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 W. M. Humphrey, Jr.

Licensed Embalmer No. 4708

P. O. Address Mo. 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.