

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34026**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **387**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon, Mo.	
c. LENGTH OF STAY (in this place) 67 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) A.	c. (Last) Perkins	4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 22, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 YEAR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James B. Perkins	13b. MOTHER'S MAIDEN NAME Permelia J. Crews	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 86-24-0572	17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Wilson, Mt. Vernon, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH about 34 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		no 2X	

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)	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 **Aug. 11, 1950**, to **Oct. 18, 1950**; that I last saw the deceased alive on **Oct. 17, 1950**, and that death occurred at **6:57 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Brasler M.D.	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED Oct. 18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE Oct 18 1950	24c. NAME OF CEMETERY OR CREMATORY Richland Mo Cemetery	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Oct 20 1950	REGISTRAR'S SIGNATURE Paul H. Decker	25. FUNERAL DIRECTOR'S SIGNATURE Palmer's Lebanon Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1550

DIVISION OF HEALTH OF MO.
District No. 5 Springfield

RECEIVED OCT 21 1930

Dist. File 1050-2133
Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *S. R. Palmer*

Signed
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address *Libanon 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.