

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9651**

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 53

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| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Dixon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon</u> 0850 | |
| c. LENGTH OF STAY (In this place) <u>20 yrs.</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> | b. (Middle) <u>P.</u> | c. (Last) <u>Perkins</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 28 1951</u> |
|--|-----------------------|--------------------------|---|

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|----------------------|-------------------------------|--|--------------------------------------|---|---------------------------------|------------------------------|-----------------------|----------------------|
| 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>2/25/1863</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>1</u> | IF UNDER 1 DAY Days <u>3</u> | IF UNDER 1 HOUR Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|---------------------------------|------------------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Thomas Doyle</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Everett</u> | 14. NAME OF HUSBAND OR WIFE <u>H. W. Perkins</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amanda Richardson, Dixon, Missouri</u> | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 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) <u>334 X</u> |
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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 2 March 1951 to 3-25-1951, that I last saw the deceased alive on 3-23-1951, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

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|--------------------------------------|-------------------|----------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>30 March 51</u> |
|--------------------------------------|-------------------|----------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/30/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kenner</u> | 24d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u> |
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| DATE REC'D BY LOCAL REG <u>4-2-51</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Missouri Health Officer
Date Filed 4-2-51
File Number

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

March 28 - 1951

working under my personal supervision.

Signed *Paul O. Bennett*
Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.