S. No. 300
V. 10.48

0440
3

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

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8173

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5535 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hickory Twp.
c. LENGTH OF STAY (In this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mile east of Mound City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bigelow Twp. 0440
d. STREET ADDRESS (If rural, give location): 3 mile west of Bigelow 0

3. NAME OF DECEASED (Type or Print)
a. (First): Billie
b. (Middle): Darrel
c. (Last): Perkins

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: Jan. 27, 1936

9. AGE (In years last birthday): 16 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Perkins

13b. MOTHER'S MAIDEN NAME: Hazel Dougherty

14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: 500-34-6501

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. John Perkins, Bigelow, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway (275)

21c. (CITY, TOWN, OR TOWNSHIP): Moundd City (Rural) Hickory Twp. (COUNTY): Holt County (STATE): Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 22 52 12:30A

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Aotomobile accident- lost control on slick pavement

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo. W. Watson (Degree or title): Sheriff and Acting Coroner

23b. ADDRESS: Oregon, Mo.

23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/25/1952

24c. NAME OF CEMETERY OR CREMATORY: Oddfellows Cemetery

24d. LOCATION (City, town, or county) (State): Craig, Missouri

DATE REC'D BY LOCAL REG.: 3/24/1952

REGISTRAR'S SIGNATURE: James H. Crawford 469

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James H. Crawford Mound City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 James H Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.