

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16925**

FILED MAY 20 1952

REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY Jackson (<i>Rural Blue</i>)			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 7 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Independence 0425		
d. FULL NAME OF HOSPITAL OR INSTITUTION 10219 Independence Ave.			d. STREET ADDRESS (If rural, give location) Earle Hotel		

3. NAME OF DECEASED (Type or Print) Jeannette R. Perkins			4. DATE OF DEATH May 9, 1952		
a. (First)	b. (Middle)	c. (Last)	DATE OF DEATH	(Month)	(Day)

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1887		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR	IF UNDER 24 HRS.	IF UNDER 24 HRS.	IF UNDER 24 HRS.
			Months	Days	Hours	Min.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and State or Foreign Country) Oswego, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME David A. Rodgers		13b. MOTHER'S MAIDEN NAME Patsy June Callahan		14. NAME OF HUSBAND OR WIFE Chas. S. Perkins	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 511 12 6056	17. INFORMANT'S SIGNATURE OR NAME Chas. S. Perkins, Independence, Mo.			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion	Sudden					
ANTECEDENT CAUSES	DUE TO (b) Coronary heart disease chronic					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) General arteriosclerosis chronic					
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 4201	YES <input type="checkbox"/> NO <input 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) (Min.)	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 **March, 1951**, to **May 9, 1952**, that I last saw the deceased alive on **April, 1952**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Hokenine (Degree or title) M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED May 10, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Oswego, Kansas.	
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DATE REC'D BY LOCAL REG. 5-19-52	REGISTRAR'S SIGNATURE J. M. ...	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1952

MAY 15 RECD

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 Richard P. Francis

Licensed Embalmer No. 7863

P. O. Address Indy, 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.