

FILED FEB 1 1953

## STANDARD CERTIFICATE OF DEATH

1953

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>1249</u>		Registrar's No. <u>#2</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>HILLSBORO</u>		c. LENGTH OF STAY (In this place) <u>3 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HILLSBORO</u>		<u>0500</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>CEDAR GROVE NURSING HOME</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>-</u> c. (Last) <u>PERKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12 1953</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 15 1870</u>		
9. AGE (In years) <u>82</u>		# OVER 1 YEAR Months		# OVER 1 YEAR Days		# OVER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIE-MAKER (RETIRED)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MTR. Co.</u>			11. BIRTHPLACE (State or foreign country) <u>KNOX NOSTER Mo. C</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>RICHARD PERKINS</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH PERKINS</u>	
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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. I. N. THRELKELD DE SOTO</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 years.</u>	
		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. <u>Hypertensive cardiovascular disease.</u>					<u>5 years +.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>154X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
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>July 1949</u> , to <u>Jan 12, 1953</u> , that I last saw the deceased alive on <u>Jan 10, 1953</u> , and that death occurred at <u>6:15A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Thomas G. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>1-15-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SPRINGFIELD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-16-53</u>		REGISTRAR'S SIGNATURE <u>Gibbeon Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Klinger Funeral Home</u>		ADDRESS <u>Springfield Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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