

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22169**

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **77**

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hudson		c. CITY (If outside corporate limits, write RURAL and give township) Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake View Rest Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ALBERT c. (Last) PERKINS			4. DATE OF DEATH (Month) (Day) (Year) 7 2 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 10-10-1882			9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
11. BIRTHPLACE (City and State or Foreign Country) Macon, Co. Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Perkins		13b. MOTHER'S MAIDEN NAME Sarah Hyatt		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.E. Perkins Hannibal, Mo.	

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) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES Morbidity 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.		Chronic Myocarditis		See yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		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 **Feb**, 1951, to **July 2**, 1953, that I last saw the deceased alive on **June 19**, 1953, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard Miller M.D.		23b. ADDRESS Macon		23c. DATE SIGNED 7/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/4/1953		24c. NAME OF CEMETERY OR CREMATORY Friendship	
		24d. LOCATION (City, town, or county) Macon, Mo.		24e. (State) Mo.	

DATE REC'D BY LOCAL REG. 7/16/53		REGISTRAR'S SIGNATURE Auth Mcneely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lester Bram Macon, Mo.	
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RECEIVED 7.13.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.53.121
Date Filed 7.14.53

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 Howard Lyders

Licensed Embalmer No. 4494

P. O. Address Macon Ma

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.