

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36869

State File No. _____

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place) <u>29 days</u>		d. STREET ADDRESS (If rural, give location) <u>706 South Main</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>HARRY</u> c. (Last) <u>PERKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	
8. DATE OF BIRTH <u>10/15/1889</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR <u>11</u> Days	
11. IF UNDER 24 HRS. <u>29</u> Hours		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>			

13a. FATHER'S NAME <u>E.H. Perkins</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Brandon</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Perkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Perkins, Hannibal, Mo.</u>	
				ADDRESS _____	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		DUE TO (b) <u>Squamous Cell Type Carcinoma, Grade 2, Cervical Region</u>				1 year	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <u>Malnutrition</u>				1 year	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No history of injury</u>	

22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 14, 1953 and that death occurred at 5:40 P.M. on, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Dr. Dwight W. Anderson</u>		23b. ADDRESS <u>415 Woodland Ave. Moberly, Missouri</u>		23c. DATE SIGNED <u>10/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-15th-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hannibal, Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____					

DATE REC'D BY LOCAL REG. <u>10-15-53</u>		REGISTRAR'S SIGNATURE <u>Paul W. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son, Moberly, Mo.</u>	
				ADDRESS _____	

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

JAN 12 1954

OCT 21 1954

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 Frank S. Watt

Licensed Embalmer No. 3021

P. O. Address Wolverly 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.