

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDR. J. WILLIAMS  
State File No. 980FILED FEB 15 1954  
BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>REPUBLIC</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 WEEKS</b>		e. STREET ADDRESS (If rural, give location) <b>0390 / 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>414 E. MEADOWMERE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CONSTANTINE</b> b. (Middle) <b>T.</b> c. (Last) <b>PERKINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 7 1954</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 17 1867</b>	9. AGE (In years last birthday) <b>86</b>	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) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GREENE COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JIM PERKINS</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET KELTNER</b>		14. NAME OF HUSBAND OR WIFE <b>MARY ELIZABETH PERKINS</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. LEE BUFFINGTON SPFLD, MO.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		
		DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>794X</b>	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) (Min.)	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 **5-11, 1953**, to **2-7, 1953**, that I last saw the deceased alive on **2-6, 1953**, and that death occurred at **3:30 A.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>John Williams, M.D.</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>2-8-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-9-54</b>	24c. NAME OF CEMETERY OR CREMATOR <b>PATTERSON</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-9-54</b>	REGISTRAR'S SIGNATURE <b>Earl Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>		

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**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.....  
Signature of Student Embalmer

Signed..... *Walter E. Hamella*

Licensed Embalmer No....380

P. O. Address ..SPRINGFIELD

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.