

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2375

State File No.

FILED JAN 28 1954

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland, Mo	
c. LENGTH OF STAY (In this place) 3 hrs		d. STREET ADDRESS (If rural, give location) Rural Rt. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Issac	c. (Last) Perkins	4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 9, 1898	9. AGE (In years last birthday) 55	10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 1 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Camdenton County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME N.B. Perkins	13b. MOTHER'S MAIDEN NAME Alice Lucas	14. NAME OF HUSBAND OR WIFE Ada Boran
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ada Perkins	ADDRESS Richland, Mo Rt. 3
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral occlusion		
	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.			

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)
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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 Jan 8, 1954 to Jan 8, 1954, that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 5:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) J. H. Hedges, R.O. 2	23b. ADDRESS Richland Mo.	23c. DATE SIGNED Jan 9, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 10, 54	24c. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery	24d. LOCATION (City, town, or county) (State) Richland, Mo Rural
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DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE Edith Mae Anderson	25. FUNERAL DIRECTOR'S SIGNATURE W. Hedges	ADDRESS Hedges Funeral Home Richland, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Pulaski County Health Officer

RECEIVED

1-11-54

File Number

Date Filed 1-26-54

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 *Clarence Moore*

Licensed Embalmer No. 4876

P. O. Address *Waynesville, N.C.*

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.