

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3987**

BIRTH NO. **FUEB FEB 19 1954** REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McBaine		c. CITY OR TOWN McBaine	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 - Cedar Tp.		e. STREET ADDRESS (If rural, give location) Route 1 - Cedar Tp.	

3. NAME OF DECEASED (Type or Print)		a. (First) RUBEN	b. (Middle) EDWARD	c. (Last) PERKINS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 15, 1874	9. AGE (In years last birthday) 79	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dink Perkins		13b. MOTHER'S MAIDEN NAME Caroline Perkins		14. NAME OF HUSBAND OR WIFE Maggie Lee Acton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sam Coats, Route 3, Columbia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		Unknown	
		DUE TO (c) Arteriosclerotic heart disease		Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331 X	
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 **8-12, 1952**, to **2-11, 1954**, that I last saw the deceased alive on **9-2, 1952**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Roland P. Ladenson, M.D.		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 2-12-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri	
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DATE REC'D BY LOCAL REG. Feb 15/54		REGISTRAR'S SIGNATURE Mrs. Mildred Burnett		25 FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service		ADDRESS Columbia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0102 /

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 Tom M. H. H. H......

Licensed Embalmer No.....

P. O. Address Albany, N. Y......

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**