

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4685**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **143** PRIMARY REG. DIST. NO. **4232** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, Mo.	
c. LENGTH OF STAY (In this place) 5 Mon.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MAHALA b. (Middle) EVELYN c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Mar. 14, 1864		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR: Months 11 Days 2 IF UNDER 1000 Hrs. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Howell County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME William Johns Perkins	

13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James A. Harris	
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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) no none		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Evelyn Masnor Willow Springs, Mo.	
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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) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH ACUTE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MYOCARDIAL DECOMPENSATION				CHRONIC	
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: 4201				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)		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 **2/16, 1954** to **2/16, 1954**, that I last saw the deceased alive on **2/16, 1954**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Perkins, M.D.		23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 2/17/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/54		24c. NAME OF CEMETERY OR CREMATORY Pine Grove		24d. LOCATION (City, town, or county) (State) Howell County Mo.	
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DATE REC'D BY LOCAL REG. 2/19/54		REGISTRAR'S SIGNATURE Marshall Ballard		25. FUNERAL DIRECTOR'S SIGNATURE Burns Willow Springs, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2460

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.

Fred W. Barnes

Signed Fred W. Barnes

Student
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.