

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40038

State File No.

FILED JAN 4 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5032 Registrar's No. 225-

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SAUVINET</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>240 East Locust</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Neill Rest Haven</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>RICHARD</u>	b. (Middle) <u>OATHER</u>	c. (Last) <u>PERKINSON</u>	(Month) <u>Dec.</u>	(Day) <u>24</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10 1877</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
13a. FATHER'S NAME <u>John Perkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Butler</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

14. NAME OF HUSBAND OR WIFE <u>Mrs. Maggie Perkinson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Powell Wellsville Mo</u>		ADDRESS
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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 <u>3 days</u> <u>6 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 12-17, 1954, to 12-24, 1954, that I last saw the deceased alive on 12-24, 1954, and that death occurred at 12:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Luchford M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mexico Mo</u>	23c. DATE SIGNED <u>12-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nettle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Mineola, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 25-1954</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T B Wells</u>	ADDRESS <u>Wellsville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed..... *A B Wells*

Licensed Embalmer No. *1588*

P. O. Address *Wallerille 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.