

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43069**

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

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 2072		Registrar's No. 2005		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give town) Marshall		c. LENGTH OF STAY (in this place township) 7 days		c. CITY OR TOWN Marshall		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 678 South Odell Ave.				e. STREET ADDRESS (If rural, give location) 678 South Odell Ave. 0972 0				
3. NAME OF DECEASED (Type or Print) Zula Lee Duncan Perkins			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH December 13, 1954		(Month)		(Day)		(Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 28, 1910		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 3 Days 15		IF UNDER 4 HRS. Hours 15 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY Own home			11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Duncan		13b. MOTHER'S MAIDEN NAME Ola Fetty		14. NAME OF HUSBAND OR WIFE Alfred Perkins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-01-5760		17. INFORMANT'S SIGNATURE OR NAME Alfred Perkins, Marshall, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cervix ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Dec 12, 1954 , to Dec 13, 1954 , that I last saw the deceased alive on Dec 12, 1954 , and that death occurred at 7-50 Am. , from the causes and on the date stated above.								
23a. SIGNATURE James A. Reid (Degree or title) M.D.				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 12-14-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Shiloh cemetery		24d. LOCATION (City, town, or county) (State) Saline County, Mo.		
DATE REC'D BY LOCAL REG. 12-16-54		REGISTRAR'S SIGNATURE Sidney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS MARSHALL, Mo.				

JUN 14 1955

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 *James H. Lewis*.....

Licensed Embalmer No. *47*.....

P. O. Address *Marshall*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.