

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29973

| | | | | | | | | | |
|---|---------------------------|--|--|--|---|--|--------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 155 | | PRIMARY REG. DIST. NO. 3127 | | Registrar's No. 132 | | | |
| 1. PLACE OF DEATH a. COUNTY JASPER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR WEBB CITY | | c. LENGTH OF STAY (in this place) TWO | | c. CITY OR TOWN WEBB CITY | | 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 JANE CHINN HOSPITAL | | | | No. STREET ADDRESS (If rural, give location) 0492 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SUE b. (Middle) SCOTT c. (Last) PERKINS | | | 4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 12 1955 | | | | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED | 8. DATE OF BIRTH SEPTEMBER 23, 1873 | | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 11 Days 20 | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SCHOOL TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY TEACHER | | 11. BIRTHPLACE (City and State or Foreign Country) PIERCE CITY, MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME JOHN PERKINS | | 13b. MOTHER'S MAIDEN NAME ELIZABETH SCOTT | | 14. NAME OF HUSBAND OR WIFE NONE | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS L.V. GALBRAITH WEBB CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced Debilitation and Inanition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Diarrhea and Malnutrition DUE TO (c) Congestive Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 month 2 months | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4341 | | | | 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) m. | | 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 6-18, 1955, to 9-12, 1955, that I last saw the deceased alive on 9-12, 1955, and that death occurred at 8 A. m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) D. O. [Signature] | | | | 23b. ADDRESS 624 W. Broadway, Webb City, Mo | | 23c. DATE SIGNED 9/14/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 9-14-1955 | 24c. NAME OF CEMETERY OR CREMATORY PIERCE CITY CEMETERY | | 24d. LOCATION (City, town, or county) (State) PIERCE CITY MO | | | | |
| DATE REC'D BY LOCAL REG. 9-14-55 | | REGISTRAR'S SIGNATURE 4749 Mrs. Madeline Schwitzer | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

5.300
D.48

County File Number
Date Filed
SEP 1 9 1955

1955
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *1146*

P. O. Address *Well City*

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.