

FILED APR 30 1956

STANDARD CERTIFICATE OF DEATH

12540
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Fulton</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Fulton</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Callaway Hospital</u> INSTITUTION		Length of stay in 1b <u>4 Weeks</u>	d. STREET ADDRESS <u>809 W 7th St.</u>
			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Duncan</u> Last <u>Perkins</u>			4. DATE OF DEATH Month <u>Apr-</u> Day <u>22</u> Year <u>1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept, 25, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rail Road</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Section work</u>	11. BIRTHPLACE (City and state or country) <u>Shelbyville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>John Perkins</u>	14. MOTHER'S MAIDEN NAME <u>Martha A. Gpwen</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>709-12-1223</u>	17. INFORMANT <u>Mrs. Glen Curtis</u>	Address <u>809 W 7th Fulton, Mo</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia of nephrosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> <u>Dec 55</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Acute glomerulonephritis superimposed</u>	
	DUE TO (c) <u>on arteriosclerotic V. R. disease of aged</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Fulton</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>10 August 46</u> and last saw <u>him</u> alive on <u>22 April 56</u> Death occurred at <u>1:10 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>C. R. Ash</u> (Deputy or Clerk)	22b. ADDRESS <u>Fulton Mo</u>	22c. SIGNED <u>23 April 56</u>

23a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>	23b. DATE <u>Apr-24-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	23d. LOCATION (City, town, or county) <u>Fulton</u>	(State) <u>Mo</u>
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24. FUNERAL DIRECTOR <u>Wallace Funeral Home</u>	ADDRESS <u>Fulton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 23-1956</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

6-0

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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 by me, or by Hector R. Masare, Student Embalmer No. 5 working under my personal supervision..

Student H. R. Masare
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 27

P. O. Address Fulton

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.