

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12962**BIRTH NO. _____ REG. DIST. NO. **428** PRIMARY REG. DIST. NO. **2000** Registrar's No. **403-B**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Bolivar	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 yr.		e. STREET ADDRESS (If rural, give location) 2841	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.			

3. NAME OF DECEASED a. (First) Daisy (Type or Print)		b. (Middle) Lee		c. (Last) Perkins		4. DATE OF DEATH (Month) (Day) (Year) April 24 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25, 1902	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher	
10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Vannoy		13b. MOTHER'S MAIDEN NAME Snider		14. NAME OF HUSBAND OR WIFE Clyde Perkins	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Perkins Bolivar, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 MO	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adeno Ca Rt. Colon			
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		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 11-20-54		19b. MAJOR FINDINGS OF OPERATION Adeno Ca Rt. Colon -		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) 153x	
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 **11-15** to **4-24**, 1956, that I last saw the deceased alive on **4-23**, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph N. Hills MD.		(Degree or title)		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Apr. 26-56		24c. NAME OF CEMETERY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Polk Co. Mo.	

DATE REC'D BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE White Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pitts Funeral Home - Bolivar, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....*Kidney J. Pitts*
Licensed Embalmer No. *493*
P. O. Address *Bolivar*

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.