

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32890

State File No.

FILED OCT 15 1958

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Milan</u>		d. STREET ADDRESS (If rural, give location) <u>805 S. 5th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra</u> b. (Middle) <u>Jane</u> c. (Last) <u>PERKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-14-1877</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Washington Pierson</u>	
13b. MOTHER'S MAIDEN NAME <u>Nettie Hull</u>		14. NAME OF HUSBAND OR WIFE <u>Reuben S. Perkins</u>	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Icis Perkins, Milan, Mo.</u>
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, ashenia, etc.* It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Insufficient food intake</u> DUE TO (c) <u>Digestive system obstruction</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Carcinomatosis of lungs, stomach, adenexa; frank anemia, arteriosclerosis, senility, occult blood in stool.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>1998</u>	
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 <u>11-18</u> , <u>19 51</u> , to _____, <u>19</u> , that I last saw the deceased alive on <u>10-6</u> , <u>19 56</u> , and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph E. Prout, D.O.</u>		23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>	23c. DATE SIGNED <u>10-8-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 10, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Scobee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-12-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Lent</u> ADDRESS <u>Green City, Mo.</u>	

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

5245

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
Student Embalmer

Signed Carl R. Zent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.