

FILED SEP 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon, Mo.</u>	c. LENGTH OF STAY (In this place) <u>1</u>	c. CITY OR TOWN <u>Bentonville</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sheldon Laurel Court</u>		e. STREET ADDRESS (If rural, give location) <u>201-3rd St. N.E. 8038</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oral</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Perkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-56</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 1-1902</u>	9. AGE (In years last birthday) <u>54</u> if UNDER 1 YEAR Months <u>7</u> Days <u>14</u> if UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Winchester, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lilbert H. Perkins</u>	13b. MOTHER'S MAIDEN NAME <u>Lola M. Daniels</u>	14. NAME OF HUSBAND OR WIFE <u>Christine Perkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>7</u>	16. SOCIAL SECURITY NO. <u>511-01-5008</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm F. Burns</u>	ADDRESS <u>Bentonville, Ark.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>apparent instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>32 cal. bullet in right temple.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>temple.</u> DUE TO (c) <u>Undetermined Cause.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>No witnesses, no inquest</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>deced 4 or 5 hrs. when found in tourist cabin</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Undetermined</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sheldon, Vernon, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>PS</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Thuermer</u>	(Degree or title) <u>Coroner Nevada, Missouri</u>	23b. ADDRESS <u>Nevada, Missouri</u>	23c. DATE SIGNED <u>9-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bentonville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bentonville, Ark</u>
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DATE REC'D BY LOCAL REG <u>Sept 18-56</u>	REGISTRAR'S SIGNATURE <u>Mrs Bill Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Service Inc</u>	ADDRESS <u>Nevada, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1959

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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 *A. H. Marmaduke*.....

Licensed Embalmer No. *50*

P. O. Address *Woods*.....

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.