

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35066**

FILED OCT 17 1956

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY OR TOWN Rural Union	
c. LENGTH OF STAY (In this place) 12 hours		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 Waynesville General Hospital		f. STREET ADDRESS (If rural, give location) 0850	

3. NAME OF DECEASED (Type or Print) a. (First) Claudie b. (Middle) Emmett c. (Last) Perkins			4. DATE OF DEATH (Month) (Day) (Year) 10 5 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	
8. DATE OF BIRTH 2/9/1916		9. AGE (In years last birthday) 40		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction			

13a. FATHER'S NAME Vernie Clarence Perkins		13b. MOTHER'S MAIDEN NAME Ida Belle Bryant		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO. 500-01-7439		17. INFORMANT'S SIGNATURE OR NAME Mr. V. C. Perkins, Dixon, Missouri ADDRESS _____	

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) Acute pancreatitis		INTERVAL BETWEEN ONSET AND DEATH 26 hours.	
		ANTECEDENT CAUSES Morbid 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 _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 5870	
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 **Oct 4**, 19**56**, to **Oct 5, 1956**, that I last saw the deceased alive on **Oct 5**, 19**56**, and that death occurred at **3:00A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Donley Gates, D.O. (Degree or title) _____		23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 10-6-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/7/1956		24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery		24d. LOCATION (City, town, or county) (State) Dixon, Missouri	
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DATE REC'D BY LOCAL REG. 10-7-56		REGISTRAR'S SIGNATURE Paula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri ADDRESS _____	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-13-56
Pulaski County Health Officer
139
File Number
Date Filed 10-7-56

NOT FOR USE

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 October 5th 1956, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Frederick G. Gillett

Licensed Embalmer No. 234

P. O. Address Dixon, Miss

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.