

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37571**BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY OR TOWN Gasconade		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) 2 yrs.		e. STREET ADDRESS (If rural, give location) None			
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 Lafayette					

3. NAME OF DECEASED (Type or Print) a. (First) Dora			b. (Middle) Viola			c. (Last) Perkins			4. DATE OF DEATH (Month) (Day) (Year) November 18, 1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 16, 1883			9. AGE (In years last birthday) 73		if UNDER 1 YEAR Months 5	if UNDER 4 HRS. Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME Charles Ramsey			13b. MOTHER'S MAIDEN NAME Julia C. Tate			14. NAME OF HUSBAND OR WIFE Lee Perkins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Piek, 108 Lafayette, Washington Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH months	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion		DUE TO (b) Arteriosclerotic Heart Disease				15 yrs.	
		ANTECEDENT CAUSES		DUE TO (c) Diabetes mellitus				20 yrs.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>	
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)		260X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Nov. 30**, to **Nov. 14**, 1956, that I last saw the deceased alive on **Nov. 14**, 1956, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Ryan M.D.			23b. ADDRESS Washington, Missouri			23c. DATE SIGNED 11-19-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE November 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Gasconade Cemetery		24d. LOCATION (City, town, or county) (State) Gasconade, Missouri		
DATE REC'D BY LOCAL REG. 11/19/56		REGISTRAR'S SIGNATURE Z. H. Hedwanz			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg & Vitt Inc. Washington, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Vernon C. Vedder, Student Embalmer No. 537 working under my personal supervision.

Student Vernon C. Vedder Signed Jerome T. Swoboda
Signature of Student Embalmer

Licensed Embalmer No. 450

P. O. Address Washington

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.