

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 30 1957

State File No. **28994**

No. 300
10-48

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|---|--|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>276</u> | | PRIMARY REG. DIST. NO. <u>5946</u> | | Registrar's No. <u>357</u> | |
| 1. PLACE OF DEATH a. COUNTY Phelps | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Phelps | | | |
| b. CITY OR TOWN Meramec twp | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Meramec twp | | 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 None | | | | e. STREET ADDRESS (If rural, give location) 0510 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles | | | b. (Middle) Edward | | c. (Last) Perkins | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 14 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH February 2, 1887 | | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 6 Days 12 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Newburg, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Edward Perkins | | | 13b. MOTHER'S MAIDEN NAME Eliza Wagner | | 14. NAME OF HUSBAND OR WIFE Pearl | | |
| 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 ADDRESS Cordell Perkins St. James, Mo | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Hypertension 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? 2 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) | | 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 <u>May</u> , 19 <u>56</u> , to <u>Aug</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug 12</u> , 1957, and that death occurred at <u>2:55</u> p.m., from <u>the</u> causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) L. F. Anderson M.D. | | | | 23b. ADDRESS 913 W. 8th Rolla Mo | | 23c. DATE SIGNED 8/15/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug 17 57 | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | | 24d. LOCATION (City, town, or county) (State) St. James, Missouri | | |
| DATE REC'D BY LOCAL REG. 8-16-57 | | REGISTRAR'S SIGNATURE Ruth B. Pounce | | 25. FUNERAL DIRECTOR'S SIGNATURE Jesse Lahr St. James, Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

+79

RECEIVED

Phelps County Health Officer,

County File Number 796

Date Filed 8/28/57

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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address A. James

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.