

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025729
STATE FILE NUMBER
3523

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1816 EAST 81ST TERR.		Length of stay in lb 33 YEARS	d. STREET ADDRESS (If outside, give location) 1816 EAST 81ST TERRACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EARL LESLIE PERKINS			4. DATE OF DEATH Month Day Year JULY 17, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 25, 1887		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WORKER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) CLARINDA, IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME GABRIEL PERKINS		13b. MOTHER'S MAIDEN NAME ANNA ALLEN BAUGH		14. NAME OF HUSBAND OR WIFE ELIZABETH PERKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 49510-4977		17. INFORMANT Address 1816 EAST 81ST TERR. MRS. ELIZABETH PERKINS-KANSAS CITY, MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAR COLLAPSED UNDER, LEFT		INTERVAL BETWEEN ONSET AND DEATH 1 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1603 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL ARTERIO SCLEROSIS - RECENT CVA		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from DEC 28 57 to 7-17-58 and last saw her/him alive on 6-12-58 Death occurred at 7:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) D. W. Newcomer M.D.	22b. ADDRESS 6744 Prospect Kchn	22c. DATE SIGNED 7-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 19, 1958	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 7-19-58	26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

P. C. Qui stegard USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 *Norman W. Larson*

Licensed Embalmer No. *4887*

P. O. Address. *A.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.