t. Health, & Welfare
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FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031740
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 427

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ellis Fischel — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Webster
c. CITY OR TOWN: Marshfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 215 Marshall — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Grace Middle: Pearl Last: Perkins

4. DATE OF DEATH: Month 9 Day 20 Year '58

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 12-25-82 **9. AGE** (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Mt. Clemmons, Mich
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Stephen White
13b. MOTHER'S MAIDEN NAME: Florence Dewight
14. NAME OF HUSBAND OR WIFE: George W. Perkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hospital Records — Address: Columbia, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	(R) Cerebro Vascular accident	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	abdominal carcinomatosis	2-3 years
DUE TO (c)	diabetes Mellitus 1992	4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 9-15-58 to 9/20/58 and last saw her/him alive on ____
Death occurred at 11:20 P.M. 9/20/58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Bolton M.D.
22b. ADDRESS: Ellis Fischel Hosp
22c. DATE SIGNED: 9/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-20-1958
23c. NAME OF CEMETERY OR CREMATORY: MARSHFIELD
23d. LOCATION (City, town, or county) (State): MARSHFIELD Mo

24. FUNERAL DIRECTOR ADDRESS: BARBER-EDWARDS MARSHFIELD
25. DATE RECD. BY LOCAL REG.: Sept 23 1958
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 8

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 .....

Licensed Embalmer No. 384

P. O. Address .....

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.