THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001853
STATE FILE NUMBER

FILED FEB 13 1959 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 2V

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RURAL JOACHIM — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JEFF. CO. HOSP. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JEFFERSON
c. CITY OR TOWN CRYSTAL CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 216 MISSISSIPPI, AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JESSIE Middle: Last: PERKINS
4. DATE OF DEATH Month Day Year: 2-3-59
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7-13-1870
9. AGE (In years last birthday): 88 — 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): HOMEMAKER
10b. KIND OF BUSINESS OR INDUSTRY: OWN
11. BIRTHPLACE (City and state or country): HENDERSON, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: PRESLEY BECK
13b. MOTHER'S MAIDEN NAME: JENNIE TODD
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS WM. DANKS — Address: CRYSTAL CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs plus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 20 yrs.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Asthma, intrinsic
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) There was an injury 1 week before death, but non-contributory. She fell on floor and received contusion of forehead.
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 September 9, 1938, to 2-3-1959 and last saw her/him alive on 2-3-1959
Death occurred at 10:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Rutledge (Degree or title) M. D.
22b. ADDRESS Crystal City, Mo.
22c. DATE SIGNED 2-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-6-59
23c. NAME OF CEMETERY OR CREMATORY: VIENNA CEMETERY
23d. LOCATION (City, town, or county) (State): VIENNA, ILLINOIS

24. FUNERAL DIRECTOR: GENTRY R. POLITTE — ADDRESS: CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG.: 2-4-59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Health, Welfare Public Service

300 0 -57

FEB 17 1959

DATE RECEIVED

FEB 11 1959

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 Gentry R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.