

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000477

FILED VS FEB 8 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 61

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 1 hr.		c. CITY OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 228 East Market			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Naomi Middle Mayes White Last Perkins				4. DATE OF DEATH Month Jan Day 22 , Year 1960			
5. SEX Female	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 8-15-1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Month 5 Days 7	IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) Dexter, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Henry Mayes			13b. MOTHER'S MAIDEN NAME Emma McFarlen		14. NAME OF HUSBAND OR WIFE Arthur E. 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. 492-16-6100		17. INFORMANT Address Arthur E. Perkins, Dexter, 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) Cerebral vascular accident						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertension						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. 	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Nov 1946 to 22 Jan 1960 and last saw her/him alive on 22 Jan 1960 Death occurred at 10:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. L. Waddell (Deceased's title) M. D.				22b. ADDRESS Dexter, Missouri		22c. DATE SIGNED 1-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-25-60	23c. NAME OF CEMETERY OR CREMATORY Dexter		23d. LOCATION (City, town, or county) Dexter, Missouri			(State)
24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.			25. DATE RECD. BY LOCAL REG. 1/29/60		26. REGISTRAR'S SIGNATURE R. R. Penetree		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Lucille Rainey

Licensed Embalmer No. 498

P. O. Address Ruston

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.