RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 0 1960

-60-009317

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 513

DED

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA Osteopathic Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1534 a South Broadway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Roy Last Perkins

4. DATE OF DEATH Month February Day 14, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/2/09

9. AGE (last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (City and state or country) Everest Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ephriam Perkins

13b. MOTHER'S MAIDEN NAME Clara Jarvis

14. NAME OF HUSBAND OR WIFE Vera Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 496-01-7864

17. INFORMANT Address Mrs Vera Perkins, 1534 a S Broadway St

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) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) left ventricular hypertrophy

DUE TO (c) arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 450.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

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 Jan 1950 11:15 A.M., to Feb 12, 1960 and last saw her him alive on Feb 12, 1960 1:00 pm

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] DO

22b. ADDRESS 1800 A Lafayette Ave

22c. DATE SIGNED 2/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/16/60

23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park

23d. LOCATION (City, town, or county) (State) Joplin Missouri

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG. 2-15-60

26. REGISTRAR'S SIGNATURE [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lawrence O. Gerling

Signature of Student Embalmer

Licensed Embalmer No. 4979

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.