

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010514**

**FILED VS MAR 21 1960**

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 8

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clay Twp.</b>		c. CITY OR TOWN <b>Bland</b>	
Length of stay in 1b <b>10 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bland, Mo. Rt.</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 1</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>HOMER JAMES PERKINS</b>			4. DATE OF DEATH Month <b>March</b> Day <b>10</b> Year <b>1960</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-28-1908</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tack Fuller</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>	11. BIRTHPLACE (City and state or country) <b>Belle, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Houston Perkins</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Jarvis</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Gieck Perkins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>489-01-1917</b>	17. INFORMANT <b>Mrs. Anna Perkins</b>	Address <b>Bland, Mo. Rt. 1</b>
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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) <b>CARDIAC ARREST</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CARDIAC ANOXIA</b>	
	DUE TO (c) <b>CORONARY OCCLUSION</b>	<b>7 MIN</b>
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.)
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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 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
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21. I attended the deceased from **6:15 a.** to **3-10-60** and last saw <sup>her</sup>him alive on **—**  
Death occurred at **—** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wm Fuller</i>	(Degree or title)	22b. ADDRESS <b>BLAND MO</b>	22c. DATE SIGNED <b>3-11-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3-13-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	23d. LOCATION (City, town, or county) <b>near Owensville, Mo.</b>
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24. FUNERAL DIRECTOR <b>Gottenstroeter F. Home Owensville,</b> <i>Medford A A Winter</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>March 12, 1960</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Marvin Sappmeyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

