

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013641

FILED VS MAR 3 0 1960

317

Primary Registration District No. 590

Registrar's No. 767

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Welston	Length of stay in 1b 3 1/2 Years	c. CITY OR TOWN Welston	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rockwood Nursing Home 6470 Plymouth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6470 Plymouth

3. NAME OF DECEASED (Type or print) First Carrie Middle M. Last Perking			4. DATE OF DEATH Month March Day 5 Year 1960	
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/8/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Council Bluffs, Iowa, U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Francis P. Morgan	13b. MOTHER'S MAIDEN NAME Louisa Cynthia	14. NAME OF HUSBAND OR WIFE Wm. L. Perkins
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. John Perkins, 3958 a Fairview
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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 1 week
IMMEDIATE CAUSE (a) Anemia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Nephrosclerosis	
DUE TO (c) Generalized Arteriosclerosis		
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 checked="" 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
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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 **6:10 P.M. / Oct 1959** to **present** and last saw her **alive on 3-3-60**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. F. Koufa (Degree or title)	22b. ADDRESS 539 N. Grand	22c. DATE SIGNED 3-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Fairlawn Cemetery,	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma:
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24. FUNERAL DIRECTOR Wacker-Helderle, 3634 Gravois,	ADDRESS St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. 3-5-60	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.
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St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Julius J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.