URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

-60-023895
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 15

ENDED

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lilbourn
Length of stay in 1b: 40years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: South 5th. Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: Lilbourn
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): South 5th. Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Pearl Middle: Rhoades Last: Perkins

4. DATE OF DEATH: Month: June Day: 11 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5-12-83
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months 0 Days 29
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Clair, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ????? Samon
13b. MOTHER'S MAIDEN NAME: Lilda Chaffin
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Katie Matlock Address: 4883 Flamingo Rd. Memphis, Tenn

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): Died unattended - Apparently Angina Pectoris
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Suffered from angina for several yrs.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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 —, to — and last saw her/him alive on —
Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. E. Jones (Degree or title) M.D.
22b. ADDRESS: Lilbourn Mo
22c. DATE SIGNED: June 13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-14-60
23c. NAME OF CEMETERY OR CREMATORY: Mounds Park Cem.
23d. LOCATION (City, town, or county) (State): Lilbourn, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ponder Funeral Home-Lilbourn, Mo.
25. DATE RECD. BY LOCAL REG.: 6-13-1960
26. REGISTRAR'S SIGNATURE: H. L. Ponder Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. Jones.

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_____ Signed Harold H Pender

Signature of Student Embalmer

Licensed Embalmer No. 5030

P. O. Address Lillian, M

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