

FEDERAL BUREAU OF INVESTIGATION
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035343

FILED 1960 OCT 4

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 145

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Laclede	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon	a. STATE Mo.	b. COUNTY Laclede
Length of stay in lb —		c. CITY OR TOWN Lynchburg, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lebanon City Limits		d. STREET ADDRESS N.E. of Lynchburg	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Clella	Middle Virginia	Last Perkins	4. DATE OF DEATH	Month 9-	Day 27-	Year 60
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-29-27	9. AGE (last birthday) 32	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) housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Plato, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME J. R. Frost	13b. MOTHER'S MAIDEN NAME Manda Arrena	14. NAME OF HUSBAND OR WIFE Divorced
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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 J. R. Frost, Lynchburg, Missouri	Address Lynchburg, Missouri
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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 30 MIN
IMMEDIATE CAUSE (a) Frosted Skull	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car accident
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20c. TIME OF INJURY 5:30 p.m. 9-27-60	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.) RT. A-7	20f. CITY, TOWN, OR LOCATION Plato, A-7	COUNTY Wright Co. Mo.	STATE
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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 L. B. Palmer	(Degree or title) Coroner	22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 9-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-29-60	23c. NAME OF CEMETERY OR CREMATORY Plato Cemetery	23d. LOCATION (City, town, or county) (State) Plato, Missouri
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24. FUNERAL DIRECTOR L. J. Hader	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 9-29-1960	26. REGISTRAR'S SIGNATURE Stella L. May
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 18 1963

OCT 10 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

Gene C. Hunter

Licensed Embalmer No. 473

P. O. Address *Spfld. M.*

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.