

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026212

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 929

FILED AUG 13 1962

VS 300  
Rev. 4/59

0128  
3180

3

4 1

5 3

6

7 0

8 2

9 8

10 8

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Poplar Bluff</b>		Length of stay in lb <b>4 months</b>	c. CITY OR TOWN <b>Van Buren</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 1,</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILMA</b> Middle <b>PERKS</b> Last			4. DATE OF DEATH Month <b>July</b> Day <b>30,</b> Year <b>1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>6-2-1895</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>28</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <b>Princeton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Herman Sweeney</b>		13b. MOTHER'S MAIDEN NAME <b>Lehana Norris</b>		14. NAME OF HUSBAND OR WIFE -----	

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. [Redacted]	17. INFORMANT <b>2325 So. 4th Nadine R. Sutton, St. Joseph, Mo</b>
--	---------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Generalized inanition</b>		<b>4 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>3<sup>rd</sup> degree body burns, 30%</b>	<b>5 mos</b>
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 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.)	
20c. TIME OF INJURY Hour <b>7:00</b> a.m. <b>0</b> p.m.	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 <b>Van Buren, Missouri</b>

21. I attended the deceased from **28 april** to **July 29, 1962** and last saw her alive on **7-29-1962**  
Death occurred at **7:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Daniel Hoops MD</b>	(Degree or title)	22b. ADDRESS <b>215 Oak St. Poplar Bluff, Mo</b>	22c. DATE SIGNED <b>8-7-62</b>
--	-------------------	---	-----------------------------------

23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>	23b. DATE <b>8-1-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Van Buren Cemetery</b>	23d. LOCATION (City, town, or county) <b>Van Buren, Missouri</b>
---	----------------------------	---	---

24. FUNERAL DIRECTOR <b>McSpadden, Van Buren, Missouri</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-6-1962</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>
---	---------	---	---

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Allen C. McGeehan

Licensed Embalmer No. 4543

P. O. Address Van Buren, Mo.

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.