

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. R. Wakeman

952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) S. Campbell Township</u>	
c. LENGTH OF STAY (In this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Perkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10 1892</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Perkins</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl A. Perkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl A. Perkins</u>	ADDRESS <u>Rt #7 Spfld, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>  <u>one year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		
	ANTECEDENT CAUSES (b) <u>Adeno Carcinoma Rectum</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		154	

19a. DATE OF OPERATION <u>3 Jan 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Abdomen - Perined Resection</u> <u>Adeno Carcinoma Rectum causing partial obstruction</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>NFO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 18, 1948, to Jan 15, 1949, that I last saw the deceased live on Jan 15, 1949, and that death occurred at 6:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. Newton Wakeman</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>17 Jan 49</u>
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24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Duff</u>	24d. LOCATION (City, town, or county) (State) <u>(Near) Turner, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-19-49</u>	REGISTRAR'S SIGNATURE <u>W. J. Handley MD III</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed..... *Walter E. Lane* .....

Signed.....  
Student Embalmer

Licensed Embalmer No..... 3808 .....

P. O. Address..... Springfield, 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 this body is not embalmed, fact should be so stated above.