

No. 300
10.48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23966

State File No.

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BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	<u>5</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>144 N. 10th St.</u>		d. STREET ADDRESS (If rural, give location) <u>144 N. 10th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>G</u> c. (Last) <u>Perkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 - 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>MARCH 12 - 1896</u>	9. AGE (In years last birthday) <u>53</u>	If under 1 YEAR Months <u>2</u> Days <u>29</u>	If under 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>	11. BIRTHPLACE (State or foreign country) <u>Fayette Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jan Perkins</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Barnes</u>	<u>Marionie Mason</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Known or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>4 92-14-0238</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Mrs. Jennie</u>	ADDRESS <u>Lexington 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>0228</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurism Aorta</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	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 Sept 12, 1948, to July 11, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 12 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. Ward M.D.</u>	23b. ADDRESS <u>1315 Franklin Lexington Mo</u>	23c. DATE SIGNED <u>July 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-16-49</u>	REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Greenwood</u>	ADDRESS <u>Lexington Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 23

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-23-49

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 Geyer Beers

Signed _____
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Lexington, Va

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.