

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **81328**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		80	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 South Harrison</u>		d. STREET ADDRESS (If rural, give location) <u>909 South Harrison</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u> b. (Middle) <u>MAUD</u> c. (Last) <u>PERKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 24, 1876</u>
9. AGE (In years) (Last day) (Month) (Day) (Year) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home-making</u>	11. BIRTHPLACE (State or foreign country) <u>Louisburg, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William A. Perkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda J. Sinclair</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Ott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ina Perkins, 909 S. Harrison (sis)</u>		ADDRESS <u>Sedalia, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of "L" Breast</u> ANTECEDENT CAUSES DUE TO (b) <u>injury to "L" breast</u> DUE TO (c) <u>Paralysis of both limbs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis to spine, bladder infection</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>30 yrs</u> <u>10 mos</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
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) <u>17th St</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-1, 1949</u> , to <u>9-23, 1949</u> , that I last saw the deceased alive on <u>9-23, 1949</u> , and that death occurred at <u>1.30 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Maude J. King, M.D.</u>		(Degree or title)	
23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>9-24-49</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Cremation</u>		24b. DATE <u>9/26/49</u>	
24c. NAME OF GENEALOGY OR CREMATORY <u>D.W. Newcomers Sons</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/26/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Dept. 251</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Maude Ewing</u>		ADDRESS <u>Sedalia, Mo.</u>	

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

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RECEIVED OCT 4 7
District Health Officer No. 8,

District File Number.....

Date Filed 10-6-49

Dr. Lacey

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
Student Embalmer

Signed *Warren K. Dietz*

Licensed Embalmer No. 4583

P. O. Address Sedalia, 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.