No. 300
10.48

390
1

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

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40441

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2nd Center
c. LENGTH OF STAY (In this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bois D'Arc Rl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - 2nd Center 0390
d. STREET ADDRESS (If rural, give location): Bois D'Arc Rl

3. NAME OF DECEASED (Type or Print)
a. (First): Hershel
b. (Middle): Wright
c. (Last): Perkins

4. DATE OF DEATH (Month) (Day) (Year): Dec 13 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 1 1899
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 1, Days 12 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Pineville, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Amos Perkins
13b. MOTHER'S MAIDEN NAME: Rebecca
14. NAME OF ~~HUSBAND OR~~ WIFE: Lela May Perkins — ADDRESS: Bois D'Arc Rl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.1 - W.W.2
16. SOCIAL SECURITY NO.: 429-16-8770
17. INFORMANT'S SIGNATURE OR NAME: Lela May Perkins — ADDRESS: Bois D'Arc Rl

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1950, *to* Dec 13, 1950, *that I last saw the deceased alive on* Dec 13, 1950, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Homer F. Maty (Degree or title): M.D.
23b. ADDRESS: Ash Grove, Mo.
23c. DATE SIGNED: 12-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17-1950
24c. NAME OF CEMETERY OR CREMATORY: Flood Cemetery
24d. LOCATION (City, town, or county) (State): Near Highlandville, Mo.

DATE REC'D BY LOCAL REG.: 12/15/50
REGISTRAR'S SIGNATURE: Irene H. Wilson 104
25. FUNERAL DIRECTOR'S SIGNATURE: J. W. Birch — ADDRESS: Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 50-12-65
Date Filed 12-21-50

JAN 2 1951

JAN 3 1951

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 J W Birch
Licensed Embalmer No. 3856
P. O. Address Ash Grove 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.