

FILED JAN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43305

State File No.

BIRTH NO. REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6117C Registrar's No. ✓

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>	
c. LENGTH OF STAY (In this place) <u>48 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BIRDIE</u>	b. (Middle) <u>NMI</u>	c. (Last) <u>PERKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 22, 1896</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Monroe Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>J.F. Gallagher</u>	13b. MOTHER'S MARDEN NAME <u>Clara Longstreet</u>	14. NAME OF HUSBAND OR WIFE <u>Nate Perkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Shepherd</u> ADDRESS <u>3713 Darnmouth Ave Cincinnati, Ohio</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertention</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u> <u>33 IX</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	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>Feb. 5, 1951</u> , to <u>12-20, 1951</u> , that I last saw the deceased alive on <u>12-20, 1951</u> and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. J. ... M.D.</u>	23b. ADDRESS <u>Illmo, Mo.</u>	23c. DATE SIGNED <u>1-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
DATE REC'D BY LOCAL REG. <u>1-2-51</u>	REGISTRAR'S SIGNATURE <u>B. P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Hoff</u> ADDRESS <u>Illmo Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26 1951

RECEIVED JAN 8 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-12

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

Oliver A. Smith

Licensed Embalmer No. 4470

P. O. address Elmore, 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.