

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19467

State File No. _____ Registrar's No. 685

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 685		
1. PLACE OF DEATH a. COUNTY <u>BUCHANON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON 8251</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. Meth Hosp</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>PERKEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-1951</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>JULY 27 1872</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>CLINTON CO MO U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>H.F. Wilhoit</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret McCaskey</u>		14. NAME OF HUSBAND OR WIFE <u>John Henry Perken</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Ann Hartigan</u> ADDRESS _____			
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>Intestinal obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abdominal adhesions</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>?</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5705						
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) (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>16 June, 1951</u> , to <u>23 June, 1951</u> , that I last saw the deceased alive on <u>23 June, 1951</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St Joseph, Mo.</u>		23c. DATE SIGNED <u>6.23.51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON MO</u>		
DATE REC'D BY LOCAL REG. <u>July 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cady</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>De Mass CRUNK</u> ADDRESS <u>CAMERON MO</u>				

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

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 *W. M. S. Smith* _____

Licensed Embalmer No. *2533* _____

P. O. Address *Corning 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.