

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22480

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5293 Registrar's No. 28

250

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Rural Acheson town</u>		c. CITY OR TOWN <u>Rural Acheson town</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2 Bower MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #2 Bower MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LURA</u> b. (Middle) <u>Cordelia</u> c. (Last) <u>Perkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Oct. 11 1875</u>		9. AGE (In years) (Months) (Days) <u>75 8 20</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Abraham Page</u>			13b. MOTHER'S MAIDEN NAME <u>Polly Roy</u>			14. NAME OF HUSBAND OR WIFE <u>Arch Perkins (Dec)</u>		
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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. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Perkins</u>		ADDRESS <u>Gowrie, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUPLICATE				<u>8 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Min.)		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 June 26, 1951, to July 2, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Spalding MD</u>		(Degree or title)		23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>July 3-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Zion Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Co. MO.</u>	
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DATE REC'D BY LOCAL REG. <u>July 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seaver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u>		ADDRESS <u>Plattsburg 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 Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Fatsburg, 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.