

No. 308
10.48
FILED APR 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **13546**

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

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5727		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Narrows		c. LENGTH OF STAY (In this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Macon		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Macon				d. STREET ADDRESS (If rural, give location) R.F.D. Macon, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Claud c. (Last) Perkins			4. DATE OF DEATH (Month) (Day) (Year) April 9 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 30, 1877		9. AGE (In years last birthday) 75		10. MONTHS <input type="checkbox"/> 11. DAYS <input type="checkbox"/> 12. HOURS <input type="checkbox"/> 13. MIN. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Squire Perkins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beatrice Baldwin, Macon, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Last. 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				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) 4201			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles L. Sutton, 3rd Coroner				23b. ADDRESS Macon County		23c. DATE SIGNED Apr 10, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 13, 52	24c. NAME OF CEMETERY OR CREMATORY FRIENDSHIP		24d. LOCATION (City, town, or county) (State) R.F.D. Macon Mo.		
DATE REC'D BY LOCAL REG. 4/16/52		REGISTRAR'S SIGNATURE Ruth McNeely		25. FUNERAL DIRECTOR'S SIGNATURE Stephens & Gooding		ADDRESS Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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HEALTH DEPARTMENT
WASH COUNTY HEALTH DEPARTMENT
County File No. 4.29.52
Date Filed 4.29.52

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.