

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15353

State File No.

FILED MAY 15 1952

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u>	
c. LENGTH OF STAY (In this place) Yrs <u>0</u>		1030 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Perkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1952</u>		
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> /	8. DATE OF BIRTH <u>February 20, 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Moses Perkins</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda Steffe</u>	14. NAME OF HUSBAND OR WIFE <u>Della Perkins</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>0</u>	16. SOCIAL SECURITY NO. <u>486-38-0466</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Perkins</u>	ADDRESS <u>Bernie, 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 <u>12 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism and thrombosis</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 4-10-52, 1952, to 4-22-52, 1952; that I last saw the deceased alive on 4-22-52, 1952, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Kelly</u>	(Degree or title)	23b. ADDRESS <u>Box 157 Bernie, Mo.</u>	23c. DATE SIGNED <u>4-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>April 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/1/52</u>	REGISTRAR'S SIGNATURE <u>Walter W. Jenkins</u>	409	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Selby</u>	ADDRESS <u>Rector, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 8 1954

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.

Signed _____

Walter M. Biele

Signed _____
Student Embalmer

Licensed Embalmer No. *476*

P. O. Address *Rector, Ark*

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.