

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28737**

FILED AUG 25 1952  
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredricktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredricktown</u> <u>0621</u>	
c. LENGTH OF STAY (in this place) <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>514 N. Mine La Motte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Perkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7, 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 10 1890</u>		9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. UNDER 14 YRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Salina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Government Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Surveyor</u>		11. BIRTHPLACE (State or foreign country) <u>Salina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Perkins</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Alland</u>		14. NAME OF HUSBAND OR WIFE <u>Dessie Perkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>(blank)</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dessie Perkins Fredricktown</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	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)	
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 6/17, 1952, to 8/7, 1952, that I last saw the deceased alive on 8/7, 1952, and that death occurred at 4:00 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maeve Grossman M.D.</u> (Degree or title)		23b. ADDRESS <u>Fredricktown, Mo</u>		23c. DATE SIGNED <u>8/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park Advance, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REG. <u>8-14-52</u>			

REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayton S. Morgan Advance Mo.</u>	
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ADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
AUG 23 1952  
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FILE NO. 852-13

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

William H. Morgan

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advantage Inc

Advantage Inc

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.