

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27823**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 990

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington	
c. LENGTH OF STAY (In this place) 30yrs.		d. STREET ADDRESS (If rural, give location) R.F.D. # 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 1/2 Dewey Ave			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Perkins			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1878	9. AGE (In years: last birthday) 75	10. IF UNDER 1 YEAR: Months 6 Days 29 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) Sullivan Co, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David D. Perkins	13b. MOTHER'S MAIDEN NAME Amanda Blair	14. NAME OF HUSBAND OR WIFE Evaline Perkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William D. Perkins ADDRESS Rt #4 St. Joseph

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardio Insufficiency		2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis Chronic DUE TO (c) _____		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Cerebral Thrombosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	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) (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 6-9-, 1953, to 9-6, 1953, that I last saw the deceased alive on 9-6, 1953, and that death occurred at 12:18 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Munday M.D.	23b. ADDRESS 2801 Sacramento St. Joseph, Mo	23c. DATE SIGNED 9-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/10/53	24c. NAME OF CEMETERY OR CREMATORY Green Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo

DATE REC'D BY LOCAL REG. Sept 10, 1953	REGISTRAR'S SIGNATURE Earle M. Addison	FUNERAL DIRECTOR'S SIGNATURE Ed. R. ...	ADDRESS St. Joseph
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FILED SEP 14 1953

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

John C. Rupp

Licensed Embalmer No. *5986*

P. O. Address *St Joseph, 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.