No. 300
10.48

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

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11351

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 263

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Wappapello~~
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri,
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wappapello 110
d. STREET ADDRESS (If rural, give location): ~~Poplar Bluff Mo,~~

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Effie
c. (Last): Perkins

4. DATE OF DEATH (Month) (Day) (Year): 4 14 54

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 7 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wappapello Mo,
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Ollard,
13b. MOTHER'S MAIDEN NAME: Cordia Estes
14. NAME OF HUSBAND OR WIFE: Tom Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Nola Ryan Puxico Mo,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/5 *19*54 *to* 4/14 *19*54, *that I last saw the deceased alive on* 4/14, *19*54, *and that death occurred at* 4:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank E Dowell MD
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 4/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-16-54
24c. NAME OF CEMETERY OR CREMATORY: Wappapello
24d. LOCATION (City, town, or county) (State): Wappapello Mo,

DATE REC'D BY LOCAL REG.: 4/19/54
REGISTRAR'S SIGNATURE: R L Minetree
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Watkins Service Puxico Mo.

489-1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 26 1954
BUTLER CO. HEALTH CENTER
FILE No._____

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.