

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16816

State File No.

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 305 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) Perryville		c. CITY OR TOWN Ste. Genevieve	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS (If rural, give location) 330 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Lloyd	c. (Last) Perkins	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1954
-------------------------------------	-----------------	-------------------	-------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 15, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours Min.
-------------	------------------------	--	--------------------------------	------------------------------------	----------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer	10b. KIND OF BUSINESS OR INDUSTRY Miss. Lime Co.	11. BIRTHPLACE (City and State or Foreign Country) Elvins, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	-------------------------------------

13a. FATHER'S NAME George B. Perkins	13b. MOTHER'S MAIDEN NAME Artie Ferguson	14. NAME OF HUSBAND OR WIFE Florence Bolduc
--------------------------------------	--	---

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. 492-10-8840	17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Perkins	ADDRESS Ste. Genevieve, Mo.
---	-------------------------------------	---	-----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute yellow atrophy of liver		
	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. Right iliac artery embolus		7 days	

19a. DATE OF OPERATION 5 days	19b. MAJOR FINDINGS OF OPERATION Embolus of iliac artery 580x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5 May, 1954 to 5 July, 1954 that I last saw the deceased alive on 5 May, 1954 and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Prayson</u> (Degree or title)	23b. ADDRESS <u>New York</u>	23c. DATE SIGNED MAY 7 1954
--	------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Missouri
--	-----------------------	--	--

DATE REC'D BY LOCAL REG. MAY 7-1954	REGISTRAR'S SIGNATURE <u>Joe J. Zoller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerome J. Simola</u> ADDRESS <u>Ste. Genevieve Mo</u>
-------------------------------------	--	---

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

VS MAY 27 1960

JVS
MAY 26 1960

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, ~~_____~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Jerome L. Liant*

Licensed Embalmer No. 381.....

P. O. Address *No General*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.