

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26063

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Howard

b. CITY (If outside corporate limits, enter R.R. # and give township)
Washburn Mo

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN
Willow Springs

d. Is Residence within limits of a city or incorporated town?
Yes No 0460

d. FULL NAME OF HOSPITAL OR INSTITUTION
State Hosp. #3

e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) John b. (Middle) Calvin c. (Last) Perkins

4. DATE OF DEATH
(Month) (Day) (Year)
July 21-1954

5. SEX
M

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Aug 15 1873

9. AGE (In years, if under 1 year; if under 1 year, give month, day, hour, min.)
80 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Wm J Perkins

13b. MOTHER'S MAIDEN NAME
Mary Ann Wood

14. NAME OF HUSBAND OR WIFE
Maud Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
None

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Hoopbeards Nevada

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

ANTECEDENT CAUSES
DUE TO (b) General Arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Senility of psychosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Heat

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

?

3
2 weeks

19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION
4-2-21F

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 Apr-12 1951, to July 21, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dr. B. Shroet M.D.

23b. ADDRESS
Nevada Mo

23c. DATE SIGNED
July 21-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
7-21-54

24c. NAME OF CEMETERY OR CREMATORY
Local

24d. LOCATION (City, town, or county) (State)
Willow Springs Mo

DATE REC'D BY LOCAL REG.
7-21-54

REGISTRAR'S SIGNATURE
Anna J. Ferry

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Hays Funeral Service Nevada, Mo

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

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.....
Signature of Student Embalmer

Signed *H. H. Marmaduke*

Licensed Embalmer No. *207*

P. O. Address *Waco, Tex.*

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.