

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**26908**

State File No. ....

No. 300  
10.48

**FILED AUG 23 1954**

Registrar's No. **780**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5461**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rogersville, Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rogersville, Rural R#2</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		_____	

0390

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oren</b> b. (Middle) <b>Albert</b> c. (Last) <b>Perkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 13, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 5, 1892</b>		9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Greene Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>			

13a. FATHER'S NAME <b>John M. Perkins</b>		13b. MOTHER'S MAIDEN NAME <b>Brummit</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>493-16-9419</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lloyd Perkins</b> ADDRESS <b>Sunflower Kans.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA PROSTATE</b>		ANTecedent CAUSES <b>With METASTASIS</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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. <b>177X</b>			

19a. DATE OF OPERATION <b>5/6/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA Prostate</b>		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 **6-9**, 19**50**, to **8-13**, 19**54**, that I last saw the deceased alive on **8-12**, 19**54**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Nicluff</b> (Degree or title) _____		23b. ADDRESS <b>W. 200 609 Cherry St</b>		23c. DATE SIGNED <b>8/14/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 15, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn</b>	
		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>			

DATE REC'D BY LOCAL REG. <b>8-17-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Fessell</b> ADDRESS <b>Rogersville Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1954

SEP 2 1954

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.....

Working under my personal supervision.

Student Embalmer No.....

Signed Max J Miller

Signed.....  
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address. Fairland 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.