

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5012

577

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hausas City</u>		c. CITY OR TOWN <u>OSCEOLA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
e. LENGTH OF STAY (in place) <u>3da</u>		STREET ADDRESS (If rural, give location) <u>0930</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McGowan Medical Center</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Perkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-55</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-25-98</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Representative Merlin Machine Corp.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>N.C. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>near Osceola Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. H. PERKINS</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Mrs. BEULA PERKINS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>491-03-8803</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. BEULA PERKINS</u> ADDRESS <u>OSCEOLA, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Severe L.L.B.</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>5271</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Emphysema Severe + (r.m.o.)</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-2-1953, to 2-8-1955, that I last saw the deceased  alive on 2-8-55, 1955, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack C. Vincent</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>201 E 63 K C Mo</u>	23c. DATE SIGNED <u>2-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 8. 1955</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>OSCEOLA MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-8-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Ja 8/76*

*10/2/76*

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 *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Geneva*

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.