

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22889

State File No. ....

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2019 PRIMARY REG. DIST. NO. 3048 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	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)		e. STREET ADDRESS (If rural, give location) <u>1309 Ruby Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1309 Ruby Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Jane</u> c. (Last) <u>Perkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Lambert</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Altzman</u>	14. NAME OF HUSBAND OR WIFE <u>James B. Perkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James B Perkins</u> ADDRESS <u>Hannibal, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio Sclerotic Heart Disease</u> ?? DUE TO (c) <u>H200</u>		
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 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) m.	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 7/11, 1955, to 7/14, 1955, that I last saw the deceased alive on 7/11, 1955, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard J. Lanning M.D.</u>	23b. ADDRESS <u>Hannibal, Mo</u>	23c. DATE SIGNED <u>7/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/20/55</u>	REGISTRAR'S SIGNATURE <u>Wm Lucke</u>	189-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Lucke</u> ADDRESS <u>Hannibal, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 28 1955  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 28 1955

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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. Crawford Smith* .....

Licensed Embalmer No. *381* .....

P. O. Address *Harmon* .....

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.