

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4406**

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 2000 Registrar's No. 206

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Ponce de Leon | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 3 1/2 Mos. | | e. STREET ADDRESS (If rural, give location) No Street Address | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Connelly Rest Home | | | |

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|--|------------|--------------------------|--------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) LAURA | a. (First) | b. (Middle) ALICE | c. (Last) PERKINS | 4. DATE OF DEATH March 4, 1956 |
|--|------------|--------------------------|--------------------------|---------------------------------------|

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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct. 20, 1874 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 Hrs. 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) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY - - - - | 11. BIRTHPLACE (City and State or Foreign Country) Stone County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Jacob Eutsler | 13b. MOTHER'S MAIDEN NAME Nancy Pritchard | 14. NAME OF HUSBAND OR WIFE Lonzo Perkins |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Orval Perkins | ADDRESS Rt. 2, Galena, Mo. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Atherosclerosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) - | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - | | | |

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| 19a. DATE OF OPERATION - | 19b. MAJOR FINDINGS OF OPERATION - | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201 (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 4/15, 1956, to 3/5, 1956, that I last saw the deceased alive on 3/4, 1956, and that death occurred at 6:45p m., from the causes and on the date stated above.

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| 23a. SIGNATURE J. B. Kempton, Jr., M.D. (Degree or title) | 23b. ADDRESS 1101 E. Walnut, Springfield, Mo. | 23c. DATE SIGNED 3/5, '56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE March 7, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Lindsey Chapel Cem. | 24d. LOCATION (City, town, or county) (State) Republic, Missouri |
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| DATE REC'D BY LOCAL REG. 3-7-56 | REGISTRAR'S SIGNATURE Earl Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE John Harris | ADDRESS Clever, Mo. |
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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..... *J. Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, OH*

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.