

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22688**

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>2</b>		PRIMARY REG. DIST. NO. <b>4010</b>		Registrar's No. <b>51</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Andrew</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Pea</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>Andrew</b>	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Pea</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) <b>2020</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Caleb</b>		b. (Middle) <b>morton</b>		c. (Last) <b>Perks</b>	
4. DATE OF DEATH		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7-30-1956		8. DATE OF BIRTH <b>2-6-1871</b>		9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>DALAS CO MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Perks</b>		13b. MOTHER'S MAIDEN NAME <b>Ann oburn</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Howard Perks Pea mo</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b>  ANTECEDENT CAUSES A. Forbid 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>Jan 1956</b> to <b>7-30-1956</b> , that I last saw the deceased alive on <b>7-30-1956</b> and that death occurred at <b>11:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. V. G. Wilson M.D.</b>		23b. ADDRESS <b>Bozartville mo</b>		23c. DATE SIGNED <b>7-31-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-7-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SAVANNAH</b>		24d. LOCATION (City, town, or county) (State) <b>SAVANNAH MO</b>	
DATE REC'D BY LOCAL REG. <b>8-2-56</b>		REGISTRAR'S SIGNATURE <b>Hillean Sparks</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Breit Funeral Home SAVANNAH MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. C. Breit*.....

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.