

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31755**

FILED OCT 2 1956

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **305-6** Registrar's No. **258**

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) minutes	c. CITY (If outside corporate limits, write RURAL and give township) Salisbury		d. STREET ADDRESS (If rural, give location) South Weber
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			d. STREET ADDRESS (If rural, give location) South Weber		
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) James Edward Perkins			4. DATE OF DEATH (Month) (Day) (Year) Sept 16 1956		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept 9 - 1909	9. AGE (In years last birthday) (Months) (Days) (If under 1 year) 47	10. IF UNDER 1 YEAR OF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Janitor	11. BIRTHPLACE (City and State or Foreign Country) Chariton County Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME James Perkins		13b. MOTHER'S MAIDEN NAME Medie Jackson		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) No		16. SOCIAL SECURITY NO. 494-12-3227	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma Perkins Cason Salisbury Mo		
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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hour		
DUE TO (b) and fracture of skull and face due to automobile accident near Clifton 1 mi. N.W.			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			8164		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Highway 24	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salisbury Township Chariton Mo.		21d. HOW DID INJURY OCCUR? Collision Two Automobiles.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 16 - 1956 3:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from Sept 16, 1956 , to Sept 16, 1956 , that I last saw the deceased alive on Sept 16, 1956 , and that death occurred at 6 A.M. , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) Clarence Cason		23b. ADDRESS Moberly Mo		23c. DATE SIGNED Sept 17 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-18-56	24c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery	24d. LOCATION (City, town, or county) (State) Salisbury Mo		
DATE REC'D BY LOCAL REG. 9/17/56	REGISTRAR'S SIGNATURE Leah Loue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas B. Winkelman Salisbury Mo.		

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

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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 _____
Student Embalmer

Signed Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.