

FILED MAR 11 1957

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3708**

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **72**

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Columbia 0105 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 Monroe St. | | Length of stay in lb 76 Yrs | d. STREET ADDRESS (If outside, give location) 304 Monroe St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First FLOYD Middle EMMETT Last PERKINS | | | 4. DATE OF DEATH Month March Day 2 Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 25, 1880 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired Laborer | 11. BIRTHPLACE (City and state or country) Boone County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Robert L. Perkins | | | 14. MOTHER'S MAIDEN NAME Alice Sapp | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 500-07-0313 | 17. INFORMANT Address Mrs. Floyd E. Perkins, Columbia, Mo. | | |

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|---|------------------|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Branchial pneumonia | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201 | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from **Nov 6, 53** to **Mar 2, 57** and last saw her alive on **Nov 11, 55**
Death occurred at **2 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Declarant title) Floyd J. Miller M.D. | 22b. ADDRESS 22 1/2 N 8th Columbia | 22c. DATE SIGNED 7 Mar 57 |
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|--|-----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE March 5, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery | 23d. LOCATION (City, town, or county) (State) Boone County, Missouri. |
| 24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo. | | 25. DATE RECD. BY LOCAL REG. Mar. 7 1957 | 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer |

Health, Welfare, Public Service
300-556
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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 *Joseph P. Kelly*

Licensed Embalmer No. *48*

P. O. Address *Columbus*

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.