

pt. Health,  
, & Welfare  
S. Public  
alth Service

U.S. 300  
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39186

FILED DEC 2 - 1957

STATE FILE NUMBER

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 436

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Belle</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>UNIVERSITY of MO medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>Box 307</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>KAREN GANISE PERKINS</b>		4. DATE OF DEATH Month Day Year <b>Nov 26, 57</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 2, 57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>minor</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rolla Mo.</b>
13a. FATHER'S NAME <b>Perkins, Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Vincent Delores</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <b>MRS Delores Perkins, Belle Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Meningitis + Hydrocephalus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Meningoencephalitis</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)			INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b> <b>75 IX</b>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>Nov. 15, 1957</b> to <b>Nov. 26</b> and last saw her alive on <b>Nov. 26, 1957</b> Death occurred at <b>4:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Constantine West M. D.</b>		22b. ADDRESS <b>Univ. Hosp. Columbia, Mo.</b>	
		22c. DATE SIGNED <b>Nov. 26, 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11-27-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>BLAND CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>BLAND, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Robert Samuel West</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 26 1957</b>	
ADDRESS <b>Columbia Mo</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 *George D. Ramwell*

Licensed Embalmer No. *4423*

P. O. Address *Bellevue, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.