

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

498

State File No. _____

FILED JAN 20 1958

Registrar's No. 127

BIRTH NO. _____ REG. DIST. NO. 33 PRIMARY REG. DIST. NO. 3010

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Glenn Allen</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>7</u> days		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So. East Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Emily</u> b. (Middle) <u>Irene</u> c. (Last) <u>Perkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 1958</u>	
5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 15, 1895</u>
9. AGE (In years last birthday) <u>62</u>		10. KIND OF BUSINESS OR INDUSTRY <u>house</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford county Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Willard N. Newmen</u>		13b. MOTHER'S MAIDEN NAME <u>Iola M. Penniston</u>	
14. NAME OF HUSBAND OR WIFE <u>Paul J. Perkins</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>+ Paul J. Perkins</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous</u>		
	DUE TO (c) <u>Squamous cell carcinoma cervix uteri</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ca 3 cervix, Cystadenoma left ovary, pyosalpinx left.</u>			

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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7/26, 1956 to 1/4, 1958 that I last saw the deceased alive on 1/4, 1958, and that death occurred at 2:00 pm., from the causes and on the date stated above.

23a. SIGNATURE J. H. Trolinger, M.D. (Degree or title) 23b. ADDRESS JACKSON, MISSOURI 23c. DATE SIGNED 1/3/58

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 1-7-58 24c. NAME OF CEMETERY OR CREMATORY New Trace Creek 24d. LOCATION (City, town, or county) (State) Glenn Allen, Mo

DATE REC'D BY LOCAL REG. 1-15-58 REGISTRAR'S SIGNATURE Elizabeth Summer Dep 25. NUMERAL DIRECTOR'S SIGNATURE Gene W. Talbot ADDRESS _____

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 *R. O. Rains*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.