

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025080

FILED AUG 8 1958

Registration District No.

109

Primary Registration District No.

4180

STATE FILE NUMBER

Registrar's No.

201

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Campbell 0350
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 525 S. Locust		Length of stay in 1b 14 yrs.	d. STREET ADDRESS (If outside, give location) 525 South Locust
3. NAME OF DECEASED (Type or print) First John Middle David Last Perkins		4. DATE OF DEATH Month July Day 20 Year 1958	
5. SEX Male 0	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 February 27, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Work		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) New Haven, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME S. D. Perkins		13b. MOTHER'S MAIDEN NAME Ellen Allen	14. NAME OF HUSBAND OR WIFE Agnes Perkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-03-4051	17. INFORMANT Agnes Perkins Address Campbell 525 S. Locust Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the right maxillary bone and right eye.			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) 1992			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 _____ 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 4/22/54 , to 7/20/58 and last saw her/him alive on 7/20/58 Death occurred at 3:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bryan L. Franklin</i> (Degree or title)		22b. ADDRESS Campbell, Mo.	22c. DATE SIGNED 7/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Campbell Missouri
24. FUNERAL DIRECTOR Landess Funeral Home, Inc. ADDRESS Campbell Missouri		25. DATE RECD. BY LOCAL REG. 7-28-1958	26. REGISTRAR'S SIGNATURE <i>Mrs Beulah Campbell</i>

COUNTY FILE NUMBER 58-182

DEPARTMENT

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 Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell, TN

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.