

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000467  
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Fulton 0143</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>408 N. W. 8th</i>		Length of stay in 1b <i>50 YRS</i>	d. STREET ADDRESS (If outside, give location) <i>406 N.W. 8th</i>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <i>Homer Perkins</i>			4. DATE OF DEATH Month Day Year <i>1-25-59</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>2 Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 22 1897</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days <i>1 3</i>	IF UNDER 24 HR Hours Min. <i>5 0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chaweffler</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>SAME</i>	11. BIRTHPLACE (City and state or country) <i>Fulton, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Thad Perkins</i>	13b. MOTHER'S MAIDEN NAME <i>Ella Everhart</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>	16. SOCIAL SECURITY NO. <i>AK</i>	17. INFORMANT <i>Mrs. Mattie Perkins, Fulton, Missouri</i>	Address
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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) <b>UNKNOWN</b>		INTERVAL BETWEEN ONSET AND DEATH <i>4 YEARS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) } DUE TO (c) }	<b>CONGESTIVE HEART FAILURE, ARTERIO-SCLEROTIC</b>	<i>7 MONTHS</i>
	<b>FRACTURED NECK: NEURAL ARCHES C2+3 SPINOUS PROCESS C4,5,6,7</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>Car accident</i>
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20c. TIME OF INJURY Hour Month, Day, Year <i>7:45 a.m. July 24 58</i>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Inter. 54 + 40</i>	20f. CITY, TOWN, OR LOCATION <i>Kingdom City</i>	COUNTY <i>Callaway</i>	STATE <i>Mo</i>
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21. I attended the deceased from <i>1956</i> to <i>PRESENT</i> and last saw him alive on <i>Jan 6, 1959</i> Death occurred at <i>?</i> a: m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>James E. Heer MD</i>	22b. ADDRESS <i>Fulton, Mo.</i>	22c. DATE SIGNED <i>1-26-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Jan. 29-59</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Southside Cemetery</i>	23d. LOCATION (City, town, or county) <i>Fulton Callaway Missouri</i>
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24. GENERAL DIRECTOR <i>George Green, 821 State</i>	25. DATE RECD. BY LOCAL REG. <i>Jan. 26. 1959</i>	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6961 23 1959

FEB 5 1959

STATEMENT BY LICENSED EMBALMER

FEB 11 1959

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 *[Signature]* .....

Licensed Embalmer No. *4220*  
P. O. Address *[Signature]*

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.