

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012685

FILED MAY 14 1959 Registration District No. 72 Primary Registration District No. 3013 STATE FILE NUMBER 83 Registrar's No. 83

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY CLAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN No. Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Mo. 3198 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Mfg. 10th Fayette 1 day | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 3001 E 7th St. |
| 3. NAME OF DECEASED (Type or print) First Forest Middle H. Last Perkins | | | 4. DATE OF DEATH Month MAY Day 1 Year 59 |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 10 1926 |
| 9. AGE (In years last birthday) 32 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wallace Mfg Co. | 11. BIRTHPLACE (City and state or country) Bonner Springs Kas |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Fred A Perkins | 13b. MOTHER'S MAIDEN NAME Marianna Perkins |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of discharge) Yes. 1940-42 | | 16. SOCIAL SECURITY NO. 495-20-5389 | 17. INFORMANT Address 9103 5th Mrs Marianna Perkins wife of Forest |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Head (Frontal) | | | 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) | | | 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.) Load of plywood 2500 lbs - fell off high loader, striking frontal portion of head. | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT <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 Raytown MO. | | COUNTY _____ STATE _____ |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE D. L. St. (Cronce) | | 22b. ADDRESS North Kansas City Mo. | 22c. DATE SIGNED 5/1/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE May 4-59 | 23c. NAME OF CEMETERY OR CREMATORY Brookings Cem. | 23d. LOCATION (City, town, or county) (State) Raytown MO. |
| 24. FUNERAL DIRECTOR D. W. Newcomer 710 K.C. | | 25. DATE RECD. BY LOCAL REG. 5-3-59 | 26. REGISTRAR'S SIGNATURE Alice L. Humphries Rls. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

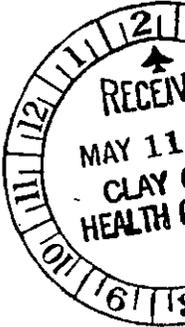
All diseases in Part I must be causally related.

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MAY 20 1959



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 *John W. Henrich* Licensed Embalmer No. 4848 P. O. Address K. C. 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.