

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018051

FILED VS APR 26 1960

347

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lampe, Missouri		c. CITY OR TOWN Lampe, Missouri	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ark. 12 M. N. Berryville,		d. STREET ADDRESS (If outside, give location) Ark. 12 M. N. Berryville,	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Earnest	Walter	Perkins	April	12,	1960

5. SEX Male	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 8-12-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY USA.
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13a. FATHER'S NAME Steve Perkins	13b. MOTHER'S MAIDEN NAME Elija Jane Farmer	14. NAME OF HUSBAND OR WIFE Lillie Perkins
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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) No	16. SOCIAL SECURITY NO. 493141062	17. INFORMANT Address: Lillie Perkins, Lampe, Missouri
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Blood Clot		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hart condition	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **3:30** **P**m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Clifford Smith</i>	(Degree or title) Chief Deputy Sheriff	22b. ADDRESS Galena MO.	22c. DATE SIGNED 4-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/18/1960	23c. NAME OF CEMETERY OR CREMATORY McCullough Cemetery	23d. LOCATION (City, town, or county) (State) Stone, Missouri
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24. FUNERAL DIRECTOR Nelson Funeral Home, Berryville Ark.	ADDRESS 4-26-60	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Huntard wife in</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles M. Wilson

Licensed Embalmer No. 5002

P. O. Address Beverly Hills

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.