

**FRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-025628**

FILED VS JUN 27 1960

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6287 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Valley Twp &amp; Hours</u>		c. CITY OR TOWN <u>HARTVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi. West of Mansfield</u>		d. STREET ADDRESS (If outside, give location) <u>6 mi. North</u>	

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Clinton</u> Last <u>Perkins</u>			4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/20/1939</u>	9. AGE (last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Norwood, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>David Perkins</u>		
13b. MOTHER'S MAIDEN NAME <u>MARGARET ATKIN</u>			14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1956-1957-1958-1959</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Max Miller</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		18. SOCIAL SECURITY NO.		17. INFORMANT	

IMMEDIATE CAUSE (a) <u>Head injury &amp; Possible Broken Neck.</u>		INTERVAL BETWEEN ONSET AND DEATH
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)		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 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.) <u>Injured in pickup accident.</u>
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20c. TIME OF INJURY <u>11:45</u> Hour <u>5-14-1960</u> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Mansfield</u>	COUNTY <u>Wright</u>	STATE <u>MO.</u>
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21. I attended the viewed from May 15, 1960 and last saw her alive on May 15, 1960 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank Gable</u> (Degree or title)	22b. ADDRESS <u>Corona Subn Grove, Mo.</u>	22c. DATE SIGNED <u>5-25-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/17/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>JACKSON CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>WRIGHT COUNTY, Mo.</u>
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24. FUNERAL DIRECTOR <u>John Simpson</u>	ADDRESS <u>Hartsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-28-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 16 1961

**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

*W. C. Simpson*

Licensed Embalmer No. 5071

P. O. Address Hartwell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.