

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5745 63-040088  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
1  
2 3298  
3  
4 0  
5 1  
6  
7 0  
8 1  
9 4201  
10  
11  
12 66-0  
13

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Ralph R. Hall

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE MO. b. COUNTY JACKSON                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY   |   | Length of stay in 1b 20 yrs.   | c. CITY OR TOWN KANSAS CITY  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES - K. C. MO  |   | Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) 1427 MADISON   |
| 3. NAME OF DECEASED (Type or print) First MIDDLE LAST OTIS MELVIN PERKINS   |   | 4. DATE OF DEATH Month Day Year OCT. 22 - 1963   |  |
| 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 3-3-1902  |
| 9. AGE (last birthday) 61   |   | IF UNDER 1 YEAR Months Days  | IF UNDER 24 HR Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER  |   | 10b. KIND OF BUSINESS OR INDUSTRY TRUCKING   | 11. BIRTHPLACE (City and state or country) EASLEY - MO   |
| 12. CITIZEN OF WHAT COUNTRY U.S.A.  |   | 13a. FATHER'S NAME EDWARD PERKINS  |  |
| 13b. MOTHER'S MAIDEN NAME LAURA HAM   |   | 14. NAME OF HUSBAND OR WIFE FRANCES PERKINS  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.)  |   | 17. INFORMANT Address Mrs. FRANCES PERKINS 1427 MADISON K. C. MO   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial Infarction<br>DUE TO (b) Generalized arteriosclerosis<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year   | 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 Sept - 63 to Oct 22 - 63 and last saw her alive on 10/15/63.<br>Death occurred at 4:45 AM 10/22/63 m on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE (Degree or title) Dr. A. J. Hall M.D.   |  |
| 22b. ADDRESS 4400 J.C. Nichols Parkway  |   | 22c. DATE SIGNED 10/22/63  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  | 23b. DATE 10-24-63  | 23c. NAME OF CEMETERY OR CREMATORY GREENLAWN   | 23d. LOCATION (City, town, or county) K. C. MO.  |
| 24. FUNERAL DIRECTOR ADDRESS H. T. BERMAN & SON'S - K. C. MO  | 25. DATE RECD. BY LOCAL REG. 10-23-63   | 26. REGISTRAR'S SIGNATURE Bessie Smith   |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 H. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address R. 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.