

**CERTIFICATE OF DEATH**

Registration District No. 177 # Primary Registration District No. 3003 Registrar's No. 123

- DO NOT WRITE ON THIS STUB
- 9. 1
  - 10a. 65
  - 10b.
  - 11. 1
  - 12. 1
  - 13. 4109
  - 14.
  - 15. 9
  - 16.
  - 17.
  - 18. 0
  - 19. CREDITS
  - 20. 3-0

VS 300  
Rev. 1/70

4. 0550

5. 90

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0550

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME 1. <b>Josephine Ann Perkins</b>			SEX 2. <b>Fe.</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Nov. 19, 1970</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>65</b>	UNDER 1 YEAR 5b. <b>Yes</b>	UNDER 1 DAY 5c. <b>West Adams</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>1905-30, 1970</b>
CITY, TOWN, OR LOCATION OF DEATH 7a. <b>Pierce City</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. <b>West Adams</b>	COUNTY OF DEATH 7c. <b>Lawrence</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Wisconsin</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>James Perkins</b>	
SOCIAL SECURITY NUMBER 12. <b>498-36-4711</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. <b>Mo.</b>	COUNTY 14b. <b>Lawrence</b>	CITY, TOWN, OR LOCATION 14c. <b>Pierce City</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>Yes</b>	STREET AND NUMBER 14e. <b>West Adams</b>
FATHER—NAME 15. <b>Joseph Carbone</b>		MOTHER—MAIDEN NAME 16. <b>Katherine Jack</b>		
INFORMANT—NAME 17a. <b>James Perkins</b>		MAILING ADDRESS 17b. <b>Pierce City, Mo. 65723</b>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>MYOCARDIAL INFARCTION</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>MINUTES</b>
(b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>YEARS</b>
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UR.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <b>7-21-1969</b> TO 21b. <b>11-19-1970</b>	AND LAST SAW HIM/HER ALIVE ON 21c. <b>10-12-1970</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>DID NOT</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22.				
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>W.D. GEORGE, M.D.</b>		SIGNATURE 23b. <i>W.D. George, M.D.</i>	DEGREE OR TITLE 23c. <b>M.D.</b>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <b>11-25-1970</b>
MAILING ADDRESS—CERTIFIER 23e. <b>Macon Temple Motel Inc.</b>				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>Pierce City, Mo.</b>	LOCATION 24c. <b>Pierce City, Mo.</b>	STATE 24d. <b>Mo.</b>
DATE (MONTH, DAY, YEAR) 24e. <b>Nov. 21, 1970</b>	FUNERAL HOME—NAME AND ADDRESS 24f. <b>Wilks Bros. Pierce City, Mo. 65723</b>	CITY OR TOWN, STATE, ZIP 24g.		
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Edwin Hicks</i>	REGISTRAR—SIGNATURE 25b. <i>Mrs. P. T. Cook</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <b>11-28-70</b>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 9 - 1970

**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 Douglas E. Hobson

Licensed Embalmer No. 5157

P. O. Address Monett, 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.