

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1383

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 211

Health, Welfare, Public Service

300 0
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tipton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2			Length of stay in lb 2 years	d. STREET ADDRESS ...		(Reside on Form) Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Hattie Perkins				4. DATE OF DEATH Month Day Year January 14, 1958				
5. SEX Female	3 6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 10, 1874		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Tipton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Calvin Shadleford			13b. MOTHER'S MAIDEN NAME Mary Alice		14. NAME OF HUSBAND OR WIFE Albert Perkins			
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. none	17. INFORMANT Address Fidella Gearin--cousin 2703 Park				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease.							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) _____		42.50	
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 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 Month, Day, Year a.m. p.m.								
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 Death occurred at Dec. 30, 1957 8:25A m on the date stated above; and to the best of my knowledge, from the causes stated.				to January 14, 1958		and last saw her/him alive on January 14, 1958		
22a. SIGNATURE (Degree or title) M. R. Peterson MD			22b. ADDRESS 600 E. 22nd St.		22c. DATE SIGNED 1-14-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Prairie Grove Cemetery		23d. LOCATION (City, town, or county) Tipton, Mo.		(State)	
24. FUNERAL DIRECTOR Richard D. Conn, Tipton, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 1-14-58		26. REGISTRAR'S SIGNATURE neva minshall		

W. R. Peterson



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 *Richard D. Conn*

Licensed Embalmer No. *4703*

P. O. Address... *Richard D. Conn*

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.