

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9728

STATE FILE NUMBER

FILED MAR 19 1957

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 31

Health,  
& Welfare  
Public  
Service

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Camden</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Penny Rest Home</b>		Length of stay in 1b <b>2 weeks</b>	d. STREET ADDRESS <b>Street not listed</b>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>(n)</b> Last <b>Perks</b>			4. DATE OF DEATH Month <b>March</b> Day <b>6</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 22, 1866</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>General Merchandise</b>	9c. BIRTHPLACE (City and state or country) <b>Dudley, England</b>
10. FATHER'S NAME <b>George Perks</b>		11. MOTHER'S MAIDEN NAME <b>Mary Jones</b>	
13. FATHER'S NAME <b>George Perks</b>		14. MOTHER'S MAIDEN NAME <b>Mary Jones</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>George W. Perks, Camden, Missouri</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>			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) <b>33/x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arteriosclerosis, arteriosclerotic heart disease</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.			
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 <b>3-4-57</b> to <b>3-6-57</b> and last saw <sup>him</sup> <del>her</del> alive on <b>3-6-57</b> Death occurred at <b>5:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harry M. Griffith, M.D.</b> (Degree or title)		22b. ADDRESS <b>Richmond, Mo</b>	22c. DATE SIGNED <b>3-8-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 8, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Craven</b>	23d. LOCATION (City, town, or county) (State) <b>Camden, Missouri</b>
24. FUNERAL DIRECTOR <b>August Mike Funeral Home</b> <b>Richmond, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>March 13, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Malcol Jackson</b>

(Licensed Embalmer's Statement on Reverse Side)

2730

Mar 13

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 *[Signature]*.....

Licensed Embalmer No. 456

P. O. Address *[Signature]*

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.