

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 18422  
 Registrar's No. 100

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Rural Wash. Mo</u>	c. LENGTH OF STAY (In this place) <u>9-10-49</u>	c. CITY OR TOWN <u>Lang Lane 30</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #32</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>PERCY IALBOT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single (1)</u>	8. DATE OF BIRTH <u>9-12-11</u>
9. AGE (In years less birthday) <u>37</u>		9. AGE (In years less birthday) <u>8</u> Months <u>19</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bus Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Dr L.H. Galbot</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McNeil</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record, Nevada</u> ADDRESS <u>Nevada</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal disease</u>  ANTECEDENT CAUSES <u>✓</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile deterioration</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>2-13</u> 19 <u>48</u> , to <u>5-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>49</u> , and that death occurred at <u>4:35</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>R. G. Vall</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>5-31-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lang Lane Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. [unclear]</u> ADDRESS <u>Buffalo Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 2, 49</u>		REGISTRAR'S SIGNATURE <u>Katherine H. Hance</u> 381	

(Lighted Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,  
District Health

District File Number 5-9-696

Date Filed 6-8-49

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Arnold B. Jones  
Licensed Embalmer No. 2508  
P. O. Address Buffalo 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 this body is not embalmed, fact should be so stated above.