

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34715

State File No. 138

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5968</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>POLK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural S. Benton</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural S. Benton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buffalo, Mo. P. R. I.</u>				d. STREET ADDRESS (If rural, give location) <u>Buffalo, Mo. P. R. I.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Perceval</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 18 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Mar 25-1876</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u>18</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo. (K)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Robt. Perceval</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Thomas Buffalo Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>12 2 1/2</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Jan</u> , 19 <u>49</u> , to <u>Oct 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 11</u> , 19 <u>49</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Doyle C. McCraw mo</u>				23b. ADDRESS <u>Bohara Mo</u>		23c. DATE SIGNED <u>10-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Schofield Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 18, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Darden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258 J. M. Montgomery-Vaughan</u>		ADDRESS <u>Buffalo, Mo.</u>	

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1278

Date Filed 10-26-29

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 Plyde Montgomery.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.