

41523

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 18 1950

No. 300

10.48

0670  
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 97

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mississippi</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural - Wolf Island Twp.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural - Wolf Island Twp.</u>   |   |
| c. LENGTH OF STAY (in this place)<br><u>58 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>Emi S. E. of East Prairie</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Emi S. E. of East Prairie</u>   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CHARLES</u><br>b. (Middle) _____<br>c. (Last) <u>PERCEFULL</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>NOV. 2, 1950</u>   |   |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>NEVER MARRIED</u>  | 8. DATE OF BIRTH<br><u>Jan. 23, 1879</u>      |
| 9. AGE (In years last birthday)<br><u>71</u>  | IF UNDER 1 YEAR<br>Months <u>7</u>                 | IF UNDER 24 HRS.<br>Days <u>9</u> Hours _____ Min. _____  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Hardin Co., Ky.</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
| 13a. FATHER'S NAME<br><u>James Percefull</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret West</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>none</u>  |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>unk</u>  |  | 16. SOCIAL SECURITY NO.<br><u>unk</u>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Jim Percefull - East Prairie, Mo.</u>   |  | ADDRESS<br><u>East Prairie, Mo.</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr.</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>593X</u>   |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>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)   |  | 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>Dec 1, 1949</u> , to <u>Nov 2, 1950</u> ; that I last saw the deceased alive on <u>Nov 1, 1950</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE<br><u>A. O. Martin M.D.</u> (Degree or Title)  |  | 23b. ADDRESS<br><u>East Prairie, Mo.</u>  |   |
| 23c. DATE SIGNED<br><u>Nov 12 1950</u>  |  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>Nov. 5, 1950</u>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Charleston, Mo.</u>   |   |
| DATE REC'D BY LOCAL REG.<br><u>12-8-50</u>  |  | REGISTRAR'S SIGNATURE<br><u>Gertrude G. Harper</u>  |   |
| 197   |  | FUNERAL DIRECTOR'S SIGNATURE<br><u>W. S. Kelly</u>  |   |
| ADDRESS<br><u>East Prairie</u>  |  |   |   |

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed DEC 15 1950

12/14

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Travis

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.