

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42341

State File No.

FILED JAN 8 1952

9380

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5791 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Russellville Twp</u>		c. CITY OR TOWN <u>Russellville</u> <u>Berisfort</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0686</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>W.</u> c. (Last) <u>PERCIVAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 29-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>APR. 26-1894</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn Creek MO</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Joseph Percival</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bird</u>	14. NAME OF HUSBAND OR WIFE <u>Lydian Percival</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. V. Percival Russellville</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>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> <u>1 year</u> DUE TO (c) <u>Myocardial Hypertrophy</u> <u>3 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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) (Min.)		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>Feb 16, 1942</u> to <u>Dec 29, 1951</u> , that I last saw the deceased alive on <u>Dec 29, 1951</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. Ehrhart D.O.</u>		23b. ADDRESS <u>Russellville</u>	
23c. DATE SIGNED <u>1/13/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 31-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pardons Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Creek MO</u>	
DATE REC'D BY LOCAL REG. <u>1/8/52</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail 198-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Steffens Russellville</u>			

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

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
Student Embalmer

Signed *W. H. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellsville, 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.