

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

9289

FILED MAR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4163</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Merion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Warren</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jamesport</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jamesport</u>		0310		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>REED</u> c. (Last) <u>PEARCY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1953</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 17-1873</u>		
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>8</u>		11. DAYS <u>27</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lock Springs Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Elijah Percy</u>			13b. MOTHER'S MAIDEN NAME <u>Geraldine Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Smith Percy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W. O. Percy, Jamesport</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza-</u> DUE TO (c) _____ 2. 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 _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>481X</u>				
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>Jan 22</u> , 19 <u>53</u> , to <u>Feb 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 14</u> , 19 <u>53</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. O. Percy D.O.</u>				23b. ADDRESS <u>Jamesport Mo</u>		23c. DATE SIGNED <u>2-23-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lock Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Lock Springs Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-18-53</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. S. Robinson Jamesport</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
310

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 *Q. L. Roberson* \_\_\_\_\_

Licensed Embalmer No. *3244* \_\_\_\_\_

P. O. Address *Jonesport, Md* \_\_\_\_\_

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.