

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21990**
 BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 124

| | | | |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Anderson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence</u> | |
| c. LENGTH OF STAY (In this place) <u>13</u> | | d. STREET ADDRESS (If rural, give location) <u>0700</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>And. Co. Hosp</u> | | | |

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|----------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>Nicola Percy</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-54</u> | | |
| a. (First) | b. (Middle) | | c. (Last) | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9-12-1883</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General duties</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co</u> | |
| 10c. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|--------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|--------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>John Hendricks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Douglas</u> | | 14. NAME OF HUSBAND OR WIFE <u>John I. Percy Deceased</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 <u>John Percy Bellflower Mo.</u> | |
| 15. ADDRESS _____ | | 16. ADDRESS _____ | | 17. ADDRESS _____ | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4-6 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>153X</u> | | |

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|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION <u>7-3-54</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid & transverse colon</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (If in or about home, farm, factory, street, other 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 July 3, 1954, to July 16, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

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|----------------------------------------------------------------|--|----------------------------------------------|--|------------------------------------------------------|--|
| 23a. SIGNATURE <u>Benjamin N. Jolly</u> (Degree or title) | | 23b. ADDRESS <u>112 N. Clark Mexico, Mo.</u> | | 23c. DATE SIGNED <u>July 17, 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 19 54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Middletown</u> | |
| 24d. LOCATION (City, town, or county) <u>Montgomery Co Mo.</u> | | 24e. (State) _____ | | | |

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|----------------------------------------------|--|--------------------------------------------|--|-----------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>July 18 1954</u> | | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara L. Jones Bellflower Mo.</u> | |
| REG. ADDRESS _____ | | REG. ADDRESS _____ | | REG. ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.