

FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-006275  
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5631 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stoutland - MAYFIELD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stoutland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home in Stoutland		Length of stay in 1b 10 yrs.		d. STREET ADDRESS (If outside, give location) NONE	
3. NAME OF DECEASED (Type or print) First Middle Last Addie Palmer Percy			4. DATE OF DEATH Month Day Year 2 24 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/4/1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hansel Palmer		13b. MOTHER'S MAIDEN NAME Carrie Lomax		14. NAME OF HUSBAND OR WIFE George F. Percy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	17. INFORMANT Pauline Evans Stoutland, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> DUE TO (b) <i>Asphyxia + Sedation</i> DUE TO (c) <i>—</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X					INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Death occurred at <i>9 P.M.</i> on <i>Jan - 58</i> , to <i>2-20-58</i> and last saw her alive on <i>2-20-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>L. S. Meyer D.O.</i>		(Degree or title)		22b. ADDRESS <i>Stoutland Mo</i>	22c. DATE SIGNED <i>2-27-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>2-26-1958</i>	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery		23d. LOCATION (City, town, or county) Stoutland	(State) Missouri
24. FUNERAL DIRECTOR <i>Carlos Blase</i>		ADDRESS <i>Stoutland Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-1-1958</i>	26. REGISTRAR'S SIGNATURE <i>Mella S. Gray</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....  
Signature of Student Embalmer

Signed Rev. Barber .....

Licensed Embalmer No. 384 .....  
P. O. Address Weta, 9th .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.