

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006207

STATE FILE NUMBER

FILED MAR 3 1959

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 30

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</u> 6532 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>286 Taylor Ave. Life</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>286 Taylor Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Orin Pool Percy</u>			4. DATE OF DEATH Month Day Year <u>Feb. 22, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29 1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Well Driller Well Drilling Stoutland Mo.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>45</u> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Elmer Percy</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Decker</u>	
14. NAME OF HUSBAND OR WIFE <u>Evelyn Percy</u>		Address	
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>353-05-1898</u>	
17. INFORMANT <u>Mrs. Evelyn Percy Lebanon Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sub Arachnoid Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unmed</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <u>no</u> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>330X</u>	
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 <u>9-15-39</u> to <u>2-17-59</u> and last saw <sup>her</sup> him alive on <u>2-17-59</u> Death occurred at <u>10:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul A. Denting M.D.</u>		22b. ADDRESS <u>Knobst Bldg. Lebanon Mo.</u>	22c. DATE SIGNED <u>24 Feb 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/25/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>
24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon Mo.</u>		25. DATE REG. BY LOCAL REG. <u>2-24-1959</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Wray</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed  
MAR 2 1959

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, N*

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.