

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960

-60-032718

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8241 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		a. STATE <u>MO</u> COUNTY <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hosp.</u>		c. CITY OR TOWN <u>Normandy</u>	
Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>34 Bellerive Acres</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MANLEY</u> Middle <u>L</u> Last <u>PEARCY</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>20</u> Year <u>1960</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>11/10/1901</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>S.W. Bell Telephone</u>		11. BIRTHPLACE (City and state or country) <u>Bluffdale Texas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Garrett Percy</u>			
13b. MOTHER'S MAIDEN NAME <u>Inknon Pickett</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes 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>Yes</u>		17. INFORMANT <u>Mrs. Manley Percy</u>	
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>Carcinoma of lung c metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>163x</u>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>					

20d. INJURY OCCURRED WHILE AT WORK <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>July 26, 1960</u> to <u>Aug 20, 1960</u> and last saw ^{her} him alive on <u>Aug 20, 1960</u> Death occurred at <u>4:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>C.R. Lupton</u>		(Degree or title) <u>MD</u>		22b. ADDRESS <u>3720 Washington</u>		22c. DATE SIGNED <u>8-22-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/23/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) <u>St. Louis Mo.,</u>		(State) <u>MO.</u>	

24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons 7233 Delmar</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>AUG 22 1960</u>	26. REGISTRAR'S SIGNATURE <u>Keal Smith M.D.</u>		
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10:30 TO 6:00 P.M. THUR.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Sch

Licensed Embalmer No. 386

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.