

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013409

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 471

STATE FILE NUMBER

AMENDED

DATE ANNULLED

REMARKS

SHOULD BE

FILE NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Buze Protestant Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN <u>Lebanon</u> d. STREET ADDRESS (If outside, give location) <u>Caldwell Hotel</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Elmer Percy</u>		4. DATE OF DEATH Month Day Year <u>May 9, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8/30/1888</u>
9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>72</u> Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water well driller</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Stoutland, Mo. U.S.A.</u>		11. BIRTHPLACE (City and state or country)	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>James A. Percy</u>	
13b. MOTHER'S MAIDEN NAME <u>Olivia Jones</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>319-14-7968</u>	
17. INFORMANT <u>Mrs. Olivia Brown Richland, 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>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</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"/> N- <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 a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>none</u> to _____ and last saw her alive on _____ Death occurred at <u>D.O.A. at Buze Hosp - 11:P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Don E. Menchetti, M.D.</u>		22b. ADDRESS <u>Springfield - Mo</u>	
22c. DATE SIGNED <u>5-11-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/12/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Percy Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>		24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-12-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie B. Melton</u>	

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

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.