

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23788**

FILED JUL 22 1957

BIRTH NO. _____ REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **5180** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Camden	
b. CITY OR TOWN Rural-Warren T.S.		c. CITY OR TOWN Warren T.S.	
c. LENGTH OF STAY (in this place) Years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 miles South Camdenton		e. STREET ADDRESS (If rural, give location) 10 miles South Camdenton Mo	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle) Henry	c. (Last) Percival	(Month) July	(Day) 13	(Year) 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 3 - 1884	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Paducah Kentucky		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Joe Percival	13b. MOTHER'S MAIDEN NAME Ann	14. NAME OF HUSBAND OR WIFE Mary Percival
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Silvers St Joseph Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age DUE TO (c) heat		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office 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 **VIEWED July 14, 1957**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **July 17 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Abbie Banksou Woolley, Coroner	23b. ADDRESS Camdenton Mo	23c. DATE SIGNED July 16 - 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17-57	24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery
24d. LOCATION (City, town, or county) (State) Camden County Mo.		

DATE REC'D BY LOCAL REG July 16-1957	REGISTRAR'S SIGNATURE Alpha J. Draw	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Banksou-Woolley Camdenton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *Robert H Reed*.....

Licensed Embalmer No. *3745*

P. O. Address *Camdenton*.....

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.