

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021118

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 138

Primary Registration District No. 5523

Registrar's No. 23

300  
-57

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Green - Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>104RS</u>	<sup>CH 38</sup> STREET ADDRESS (If outside, give location) <u>6438</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle _____ Last <u>Percival</u>			4. DATE OF DEATH Month <u>6</u> Day <u>22</u> Year <u>59</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Oct-27-1903</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>HICKORY Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	

13a. FATHER'S NAME <u>Adam Pine</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew G. Percival</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.	17. INFORMANT <u>A. G. Percival</u> Address <u>URBANA MO</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>Coronary embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		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.) <u>4201</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>9:00 AM</u> to _____ and last saw her alive on <u>June 1-3 9</u> Death occurred at <u>10:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>C. O. Bailey</u> (Degree or title)		22b. ADDRESS <u>William</u>	22c. DATE SIGNED <u>June 27</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-25-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mission Ridge</u>	23d. LOCATION (City, town, or county) (state) <u>Dallas Co, MO</u>
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24. FUNERAL DIRECTOR <u>Allen W. Vaughan</u> ADDRESS <u>Urbana Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 26, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

080. 5 100

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 *Allen W. Vaughan* .....

Licensed Embalmer No. *4156* .....

P. O. Address *Hobart, Mo.* .....

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.