

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-009917**  
STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 18  
**FILED APR 17 1961**

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Newton</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Stella</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>McDonald</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardwell Memorial Hospital</b>		Length of stay in lb <b>2 wks.</b>		c. CITY OR TOWN <b>Anderson</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>Route 3, Anderson, Mo.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Agnes Mildred Percy</b>				4. DATE OF DEATH <b>March 27, 1961</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-6-1895</b>	
9. AGE (last birthday) <b>65</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (City and state or country) <b>Noblesville, Ind.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>David L. Hawkins</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Avery</b>		14. NAME OF HUSBAND OR WIFE <b>Howard H. Percy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Howard H. Percy, Anderson, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>						<b>4 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <b>myocarditis (sclerotic heart disease)</b>							
DUE TO (c) <b>Diabetes - chronic nephritis</b>							
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 a.m. p.m.		Month, Day, Year					
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 <b>3/9/61</b> to <b>3/27/61</b> and last saw her him alive on <b>3/27/61</b> Death occurred at <b>9:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>D.D. Fontana DO</b>				22b. ADDRESS <b>Roller, Mo</b>		22c. DATE SIGNED <b>3/30/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-30-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Peace Valley Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Anderson, Missouri</b>	
24. FUNERAL DIRECTOR <b>Roller Funeral Home, Anderson, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-1-61</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Moberly</b>	

**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 C. Kella

Licensed Embalmer No. 5062

P. O. Address Anderson, 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.