

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27906

FILED SEP 16 1940  
Registration District No. 1073

Primary Registration District No. 3006

Registrar's No. 187

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Boone Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Wk. (Specify whether  
In this community 2 1/2 years years, months or days) (1930)

8. (a) PRINT FULL NAME Joseph Pleasant Pearce

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Pearce 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 15 - 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Madison Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business "

MOTHER FATHER { 12. Name William Pearce  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Stapp  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Cox Pearce  
(b) Address Columbia, Mo.

17. (a) Removal & burial (b) Date thereof 8-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alhambra Illinois

18. (a) Signature of funeral director Parkers, (W.H.U.)  
(b) Address Columbia Missouri

19. (a) 8/26/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 115 2nd Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25<sup>th</sup>  
year 1940 hour 11:45 P minute M.

21. I hereby certify that I attended the deceased from Aug 19  
Aug 21 1940 to 8-25-40 1940  
that I last saw him alive on 8-25- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Right Cerebral Hemiplegia  
Due to Hemorrhage  
Due to High Blood Pressure  
Other conditions Nephritis Chronic  
(Include pregnancy within 3 months of death)

Major findings: Of operations 131  
Of autopsy no

Duration  
Physician  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
714  
While at work (Specify type of place) (e) Means of injury  
23. Signature Stephen D. Smith (M. D. or other)  
Address Columbia Mo Date signed

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. H. Vandewenter*

Licensed Embalmer No. 2494

P. O. Address Columbia, 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 this body is not embalmed, above space should be left blank.**