

FILED SEP 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 97266

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

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 3032 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>4 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nace Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>	
		d. STREET ADDRESS (If rural, give location) <u>4</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Pearce</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 27 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 20, 1855</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours	# UNDER 1 MIN. Min.
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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 (State or foreign country) <u>Boonsborough, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Stephen A. Clegg</u>	13b. MOTHER'S MAIDEN NAME <u>Unkown</u>	14. NAME OF HUSBAND OR WIFE <u>Orin H. Pearce</u>
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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. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Steve Pearce, Chilhowee, Missouri</u>	ADDRESS <u>Chilhowee, Missouri</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal Bronchial pneumonia</u> DUE TO (c) <u>Senility</u>		<u>2 da</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1. 5000</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 8, 1949, to Aug. 27, 1949, that I last saw the deceased alive on Aug. 10, 1949, and that death occurred at 2:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>Aug. 29, 49</u>
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24a. BURIAL, CREMATION, REBURYAL (Specify)	24b. DATE <u>Aug. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 29, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Cook, Chilhowee, Mo.</u>	ADDRESS <u>Chilhowee, Mo.</u>
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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.

Signed _____

J. W. Cook

Signed _____
Student Embalmer

Licensed Embalmer No. *4236*

P. O. Address *Chilhowee, Ga*

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, fact should be so stated above.