

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>378</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		80		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 Barrow</u>				d. STREET ADDRESS (If rural, give location) <u>424 Barrow</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>B</u> c. (Last) <u>Pearman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16th 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 15 1865</u>		
9. AGE (In years last birthday) <u>84</u>		# UNDER 1 YEAR <u>8</u> Months		# UNDER 24 HRS. <u>16</u> Hours		Min.		
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>1 Va</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Michael Pearman</u>			13b. MOTHER'S MAIDEN NAME <u>Samantha Hubbard</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. E. Bagby</u>		ADDRESS <u>Moberly Mo</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive heart disease.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 16/49</u> <u>several months.</u>	
19a. DATE OF OPERATION <u>none.</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Dec. 15, 1949</u> , to <u>Dec. 16, 1949</u> , that I last saw the deceased alive on <u>Dec. 16, 1949</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Signature or title) <u>D. L. E. Huber, M.D.</u>				23b. ADDRESS <u>400 1/2 W. Reed St. Moberly, Mo.</u>		23c. DATE SIGNED <u>12/17/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 18 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/18/49</u>		REGISTRAR'S SIGNATURE <u>Seab Threemore</u>		LOCAL FUNERAL DIRECTOR'S SIGNATURE <u>Thahaw and Son</u>		ADDRESS <u>Moberly Mo</u>		

RECEIVED

DEC 27 1949

District Health Officer No. 10

District File Number 12-49-2

Date Filed DEC 27 1949

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
Student Embalmer

Signed

Frank B. D. Watt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.