

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32759

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BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 412

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUTLER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. LENGTH OF STAY (In this place) 50.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF 0123			
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL			d. STREET ADDRESS (If rural, give location) 907 DELANO			
3. NAME OF DECEASED (Type or Print) LUTITIA		a. (First)	b. (Middle)	c. (Last) PEARCE	4. DATE OF DEATH (Month) (Day) (Year) 10-19-1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-16-1966	9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) VIENNA ILL.		
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME A. K. COX		13b. MOTHER'S MAIDEN NAME MARY HODGE		
14. NAME OF HUSBAND OR WIFE James M. PEARCE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		
17. INFORMANT'S SIGNATURE OR NAME JAMES M. PEARCE		18. ADDRESS 907 DELANO		19. ADDRESS POPLAR BLUFF, MO.		
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) Arthritis, acute Suppurative Left Hip! ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cause undetermined. II. OTHER SIGNIFICANT CONDITIONS (d) Cachexia			INTERVAL BETWEEN ONSET AND DEATH 4 m.
19a. DATE OF OPERATION 18 Oct 50		19b. MAJOR FINDINGS OF OPERATION Drainage large amt fluid Rt Hip -			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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 17 Oct 19 50, to 19 Oct, 19 50, that I last saw the deceased alive on 17 Oct, 19 50, and that death occurred at 7:30 p. m., from the causes and on the date stated above.						
23a. SIGNATURE A. F. Breckner (Degree or title)			23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED 20 Oct 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-22-50		24c. NAME OF CEMETERY OR CREMATORY COCKRUM CEMETERY		
24d. LOCATION (City, town, or county) (State) BUTLER Co., MO.		DATE REC'D BY LOCAL REG. Oct 21-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson 428		
25. FUNERAL DIRECTOR'S SIGNATURE K. J. Selig		ADDRESS Black's Mortuary Learning Ark				

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

RECEIVED

OCT 25 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-437

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 _____

Roman J Selig Jr.

Licensed Embalmer No. _____

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P. O. Address _____

Corning, Ark.

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.