

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25846

BIRTH NO. _____ REG. DIST. NO. 325' PRIMARY REG. DIST. NO. 4476 Registrar's No. 25'

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Schuyler</i>	
b. CITY OR TOWN <i>Downing</i>		c. CITY OR TOWN <i>Downing 1980</i>	
c. LENGTH OF STAY (In this place) <i>Most of life</i>		d. STREET ADDRESS (If rural, give location) <i>D</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Francis</i> c. (Last) <i>Pearce</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 27 1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 20, 1870</i>
9. AGE (In years last birthday) <i>80</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Birmingham, Iowa</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>D. N. Still</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Elizabeth Maxwell</i>	
14. NAME OF HUSBAND OR WIFE <i>Wm. J. Pearce</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Grace McVey Downing, Mo.</i>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>General debility</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General debility</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
II. ANTECEDENT CAUSES <i>Influenza</i>		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.	
III. OTHER SIGNIFICANT CONDITIONS <i>don't know never did see her until after passed away</i>		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>481X</i>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <i>July 27, 1951</i> , to <i>July 27, 1951</i> , that I last saw the deceased alive on <i>NO</i> , 19___, and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>H. E. Gerwig M.D.</i>		23b. ADDRESS <i>Downing, Mo.</i>	
23c. DATE SIGNED <i>7/30/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 29, 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Coffey Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Downing, Mo.</i>	
DATE RECD BY LOCAL REG. <i>Jul 30/51</i>		REGISTRAR'S SIGNATURE <i>Mrs. Grace McVey</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>Moore Funeral Home</i>		ADDRESS <i>Downing, Mo.</i>	

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

980
1

Date Received: **AUG 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1411*
Date Filed: **AUG 7 1951**

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 *J. H. Payne*

Licensed Embalmer No. *2196*

P. O. Address *Memphis 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, fact should be so stated above.