

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39560

State File No. 18340

FILED DEC 15 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10940			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199			
d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION Enroute to Hospital				d. STREET ADDRESS (If rural, give location) 4551a Laclede Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) D.		c. (Last) Pearce		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1951.			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1908 9. AGE (in years last birthday) 43			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME J. D. Pearce			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mrs. Liddie Pearce			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 2nd		16. SOCIAL SECURITY NO. 205th Field Art 442-07-4605		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Liddie Pearce, 4551a Laclede Ave.					
18. CAUSE OF DEATH Enter on one cause per line (a), (b), and (c) <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.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Coronary thromboses Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H301					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:39 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 1300. Clark		23c. DATE SIGNED 12/11/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/11/1951.		24c. NAME OF CEMETERY OR CREMATORY Nowata Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Nowata, Oklahoma			
DATE REC'D BY LOCAL REG. 1951		REGISTRAR'S SIGNATURE Earl Smith		SHIPPER'S SIGNATURE Math Hermann & Son Inc.		ADDRESS 2161 E. Fair Ave.			

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

2022

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Oliver W. Hay

Licensed Embalmer No. _____

3737

P. O. Address _____

St. Louis, 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:

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

39560

State of _____ }
County of _____ } ss.

State File No. _____
Local Registrar's No. 10940-

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

for Arthur D. Pearce, who, upon _____ oath, states that the original record of birth death
died 12-8-51, 19____, in the State of
~~born~~ Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read 3-21-1908

Instead of _____

Item No. 9 should read age 43

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) _____
Affiant Arthur D. Pearce Relationship son

Geo. W. [Signature]
Rev. [Signature]
Present Address.

Subscribed and sworn to before me this 17 day of Dec., 1945

My Commission expires 3-4-53. Geo. W. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.