

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7020

State File No.

LEAD MAR

4 1952

BIRTH NO.

REG. DIST. NO. 347PRIMARY REG. DIST. NO. 663Registrar's No. 9

1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" CASS			c. LENGTH OF STAY (in this place) 50 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" CASS 1040			
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. # 1, CLEVER (HOME)				d. STREET ADDRESS (If rural, give location) RT. #1, CLEVER 0			
3. NAME OF DECEASED (Type or Print) PEARLIE		a. (First)		b. (Middle) ANN		c. (Last) ROY	
4. DATE OF DEATH FEB. 15 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 15 - 1878		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) BENTONVILLE - ARKANSAS /	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WESLEY FUGITT		13b. MOTHER'S MAIDEN NAME LOTTIE BARBER		14. NAME OF HUSBAND OR WIFE JOHN R. ROY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN R. ROY, RT. #1, CLEVER, MISSOURI			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia apoplexy ANTECEDENT CAUSES 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. arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input 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)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from 3-15 , 19 51 , to 2-15 , 19 52 , that I last saw the deceased alive on 2-15 , 19 52 , and that death occurred at 8:40 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold Shaffer DO				23b. ADDRESS W. M. No.		23c. DATE SIGNED 2-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 17-1952		24c. NAME OF CEMETERY OR CREMATORY UNION RIDGE CEMETERY		24d. LOCATION (City, town, or county) (State) STONE CO., MISSOURI	
DATE REC'D BY LOCAL REG. Feb 23-52		REGISTRAR'S SIGNATURE Mrs. J. Elmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris, Clever, Mo.			

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

040

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.