

STANDARD CERTIFICATE OF DEATH

State File No. 20673

10.48

BIRTH NO. SEP 8-1952REG. DIST. NO. 184PRIMARY REG. DIST. NO. 3038Registrar's No. 209

1. PLACE OF DEATH

a. COUNTY Linnb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfieldc. LENGTH OF STAY (in this place) 8 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Linnc. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield 0512d. STREET ADDRESS (If rural, give location) 202 Prospect Street

3. NAME OF DECEASED (Type or Print)

a. (First)

ALLIE

b. (Middle)

PEARCE

c. (Last)

4. DATE OF DEATH

(Month) (Day) (Year)

Sept. 2, 19525. SEX F6. COLOR OR RACE W7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M8. DATE OF BIRTH Feb. 17, 18819. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife10b. KIND OF BUSINESS OR INDUSTRY own home11. BIRTHPLACE (State or foreign country) Nettleton, Missouri U.S.

13a. FATHER'S NAME

Cyrus Barlow

13b. MOTHER'S MAIDEN NAME

Celista Grove

14. NAME OF HUSBAND OR WIFE

Jay H. Pearce15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)16. SOCIAL SECURITY NO. None17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. H. Pearce, Brookfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart DiseaseANTECEDENT CAUSES DUE TO (b) General Arterio Sclerosis.

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 2 yr.5-6 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 450020. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4 1951, to Sept 2, 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 4:15a m., from the causes and on the date stated above.

23a. SIGNATURE

R. O. R. Haley, M.D.23b. ADDRESS Brookfield Mo23c. DATE SIGNED 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial24b. DATE Sept. 4, 195224c. NAME OF CEMETERY OR CREMATORY Highland Cemetery24d. LOCATION (City, town, or county) (State) Hamilton, MissouriDATE REC'D BY LOCAL REG. 9-4-52REGISTRAR'S SIGNATURE Nadine Stambach Reg25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.

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

7 1952

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.