

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28184

State File No.

SEP 2 - 1953

BIRTH NO. ... REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5379 Registrar's No. 46

322
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity (Sherman Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity-Rural (Sherman Twp.)	
c. LENGTH OF STAY (in this place) 6 Yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) SILENCE	b. (Middle) ADELINE	c. (Last) PEARL	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH July 9 1885	9. AGE (In years last b'f. day) 68	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DeKalb Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME David Stockdale	13b. MOTHER'S MAIDEN NAME A. Titcomb	14. NAME OF HUSBAND OR WIFE Ross Pearl
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ross Pearl, Amity Mo. R.F.D.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary carcinoma breast 2 years DUE TO (c) ✓		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		✓	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 170 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 10, 1953, to May 10, 1953, that I last saw the deceased ~~live on Aug 10, 1953~~ and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>Clarence Johnson MD</i>	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 8/12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/12-53	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Maysville Mo.
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DATE REC'D BY LOCAL REG. 8-27-53	REGISTRAR'S SIGNATURE <i>Clarence Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.
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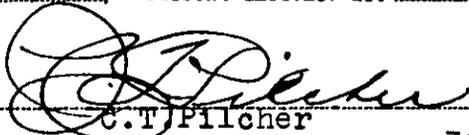
STATEMENT BY LICENSED EMBALMER

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  _____

C.T. Pilcher
Licensed Embalmer No. 3960

P. O. Address Maysville 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.