

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31620

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5378 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Walker Twp</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Wich. Mo. P.H. 1</u>	
c. LENGTH OF STAY (in this place) <u>73 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Walker Twp. 0420</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>at Home.</u>			
3. NAME OF DECEASED a. (First) <u>PEARLE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>WALKER</u>			4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>6</u> (Year) <u>1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Oct. 31, 1880</u>
9. AGE (in years last birthday) <u>72</u> Months <u>11</u> Days <u>5</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOUSE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ALBERT STEELE</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE J. WOODSON</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Albert Warhage, Wich. Mo.</u>		ADDRESS <u>PH 1</u>	
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) <u>Cholecystitis</u> 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: <u>Arterio-sclerosis</u> 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"/>			
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) (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 <u>Jan, 1945, to 10-6, 1953</u> , that I last saw the deceased alive on <u>10-6, 1953</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Baggerly, M.D.</u>		23b. ADDRESS <u>Montrose Mo</u>	
23c. DATE SIGNED <u>10-6-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 8, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stones Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose, Mo., Rural</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 8-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>V. L. Sansout</u>		ADDRESS <u>Clinton, Mo.</u>	

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

0420

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, ~~as by~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *H. A. Varsant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.