

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16494

State File No. \_\_\_\_\_

No. 300  
10.48

FILED MAY 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u>	
c. LENGTH OF STAY (in this place) <u>66 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. # 4</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolphus</u> b. (Middle) <u>C.</u> c. (Last) <u>Pearcy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 18, 1888</u>
9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>2</u>	11. DAYS <u>15</u>	12. IF BORN IN HOS. Hours <u>15</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Wm. Henry Pearcy</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A. McDaniel</u>	
14. NAME OF HUSBAND OR WIFE <u>Lura Pearcy</u>		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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lura Pearcy</u> ADDRESS <u>Lebanon Mo. R.R. # 4</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>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4201</u>	
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) _____		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>3-3-</u> , 19 <u>54</u> , to <u>5-3-</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>4-24-</u> , 19 <u>54</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C. Miller, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Waynesville, Mo.</u>	
23c. DATE SIGNED <u>5-5-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	
24b. DATE <u>5/5/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Similin Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hella L. Gray</u> ADDRESS <u>424 W.E. Holman Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-13-1954</u>		REGISTRAR'S SIGNATURE _____	

(Licensed Embalmer's Statement on Reverse Side)

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

Received MAY 17 1954  
Laclede County Health Unit  
File No. 5-54-84  
Date Filed MAY 17 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.