

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4252

State File No.

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 468 Registrar's No. 17

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 town) Maysville		c. LENGTH OF STAY (in this place) 50 Yrs	c. CITY OR TOWN Maysville
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) 0220	
3. NAME OF DECEASED (Type or Print)	a. (First) AMY	b. (Middle) GERTRUDE	c. (Last) PEARCE
4. DATE OF DEATH	(Month) Mar.	(Day) 3	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3 1884
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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 (City and State or Foreign Country) Nodaway County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles Dougan	13b. MOTHER'S MAIDEN NAME Eliza Broderick
14. NAME OF HUSBAND OR WIFE William N. Pearce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Miss Opal Pearce		ADDRESS Maysville Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension	
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"/>
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>May</u> , 19 <u>42</u> , to <u>Mar. 3</u> , 1956, that I last saw the deceased alive on <u>Mar. 3</u> , 1956, and that death occurred at <u>3:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Harold Foster M.D.		23b. ADDRESS Maysville Missouri	23c. DATE SIGNED Mar. 5 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 6 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Maysville Missouri
DATE REC'D BY LOCAL REG. 3-7-56	REGISTRAR'S SIGNATURE Ramon Davidson	25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME	ADDRESS MAYSVILLE MISSOURI

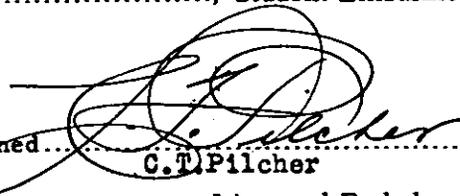
(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.