

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22941

State File No. \_\_\_\_\_  
Registrar's No. 389

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Poplar Bluff, Mo.</u> |  | c. CITY OR TOWN <u>Poplar Bluff</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)  |  | e. STREET ADDRESS (If rural, give location) <u>903 North Second St.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 903 N. Second St.</u>                           |  |  |  |

|                                     |                          |                           |                         |  |
|-------------------------------------|--------------------------|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Robert</u> | b. (Middle) <u>Newton</u> | c. (Last) <u>Pearce</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 9, 1956</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. 9, 1876</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Saw Mill</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Ill.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|---|-----------------------------------|--|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <u>Garner Melvin Pearce</u> | 13b. MOTHER'S MAIDEN NAME <u>Dora Alsop</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Ida Pearce</u> |
|--|---|--|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>497-01-4679</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.N. Pearce, Poplar Bluff, Mo.</u> | ADDRESS |
|---|--|--|---------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause; per line for (a), (b), and (c)<br><br>*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 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u><br>DUE TO (c) <u>Coronary Atherosclerosis</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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 6-10, 1956, to 7-9, 1956, that I last saw the deceased alive on 7-9, 1956, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Maxim R. Bachand, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>7/13/56</u> |
|--|---------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-11/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Black Creek Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u> |
|---|--------------------------|--|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>7/16/56</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

489-0

RECEIVED

JUL 24 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUL 24 1956

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 *Gene Wheeler* \_\_\_\_\_

Licensed Embalmer No. *296*

P. O. Address *Poplar Bluff*

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.