Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31472
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 953

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐	c. CITY OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hospital — Length of stay in 1b 3½ years	d. STREET ADDRESS (If outside, give location) 633 S. Clay 0396 — Reside on Farm Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print) First: William Middle: N. Pearman Last:		4. DATE OF DEATH Month Day Year: October 2, 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: January 17, 1870
9. AGE (In years last birthday): 87	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Miller	11. BIRTHPLACE (City and state or country): St. Clair, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Pearman		14. MOTHER'S MAIDEN NAME: Sabert Logan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs. John McNiel Springfield, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Stroke — INTERVAL BETWEEN ONSET AND DEATH: 7 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Congestive heart failure 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar. 9, '56 to Oct 2 '57 and last saw ~~her~~ him alive on Oct. 2, '57

Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. O. Silsby M.D.	22b. ADDRESS: 609 Cherry St.	22c. DATE SIGNED: Oct 4 '57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY: Maple Park
23d. LOCATION (City, town, or county) (State): Springfield, Missouri		
24. FUNERAL DIRECTOR ADDRESS: German Schaff F. Home Springfield Mo.	25. DATE RECD. BY LOCAL REG.: 10-4-57	26. REGISTRAR'S SIGNATURE: Earth Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. H. Kilby

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L Doolin Gorman

Licensed Embalmer No. 317

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.