

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-020300**

8 FILED JUL 14 1959 4

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **64**

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Atchison</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dale Twsp.</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>		c. CITY OR TOWN <b>Fairfax</b>	
Length of stay in 1b <b>2 hours</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10 1/2 Mi. S.E. of Fairfax</b>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>				
First <b>JACK</b> Middle <b>WALTON</b> Last <b>PEARCE</b>			Month <b>July</b> Day <b>8</b> Year <b>1959</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>8/24/41</b>	<b>9. AGE (last birthday)</b> <b>17</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____ Hours _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Student</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Public schools</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Maryville, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Jack LaVerne Pearce</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lois McCartney</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Single</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>498-42-2245</b>		<b>17. INFORMANT</b> <b>Mrs. Lois Pearce Fairfax Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crush Injury To Chest</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Instant</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Anhydrous Ammonia Burns</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<p>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.</p> <p>Death occurred at <b>7:00 P.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<b>22a. SIGNATURE</b> (Degree or title) <b>Edward S. Bure MD</b>				<b>22b. ADDRESS</b> <b>Tarkio Mo.</b>		<b>22c. DATE SIGNED</b> <b>7/9/59</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>7/10/59</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Pleasant Ridge</b>		<b>23d. LOCATION (City, town, or county)</b> <b>Fairfax Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Schooler Funeral Home Fairfax Mo</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>July 9, 1959</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Thermin H. Schaefer</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Marvin N. Schooler

Licensed Embalmer No. 4162  
P. O. Address Fairfax Va

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.