SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007625

STATE FILE NUMBER

LED VS MAR 13 1961

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 149

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT · BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 3½ Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Boone County Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 308 Leslie Lane
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: Last: PEARL
4. DATE OF DEATH: Month March Day 5 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-13-1888
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Lincoln, Vermont
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Seneca Allen
13b. MOTHER'S MAIDEN NAME: Florence Green
14. NAME OF HUSBAND OR WIFE: George Joseph Pearl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Mrs. Neal Peterson, Columbia, 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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes mellitus — 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): Cerebrovascular insufficiency
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 4 Mar 61, to 5 Mar 61 and last saw her alive on 5 Mar 61
Death occurred at 12:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Roland P. Fedenow MD (Degree or title)
22b. ADDRESS: 160 10th Columbia Mo.
22c. DATE SIGNED: 5 Mar 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-8-1961
23c. NAME OF CEMETERY OR CREMATORY: Grove Hill Cemetery
23d. LOCATION (City, town, or county) (State): Rockville, Connecticut

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 5 1961
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 Donald L Roberts

Licensed Embalmer No. 1722

P. O. Address Columbia, 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.