SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-013409
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 471

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 1 wk.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. Burge Protestant Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Caldwell Hotel
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First James Middle Elmer Last Pearcy

4. DATE OF DEATH: Month May Day 9 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑

8. DATE OF BIRTH: 8/30/1888

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): Water Well driller

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Stoutland, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James A Pearcy

13b. MOTHER'S MAIDEN NAME: Oliva Jones

14. NAME OF HUSBAND OR WIFE: none

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. Oliva Brown
Address: Richland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	Many yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 none to and last saw her/him alive on
Death occurred at DOA at Burge Hosp - 11:P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Don E Merchetti, M.D. (Degree or title)

22b. ADDRESS: Springfield - Mo

22c. DATE SIGNED: 5-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/12/1961

23c. NAME OF CEMETERY OR CREMATORY: Pearcy Cemetery

23d. LOCATION (City, town, or county) (State): Laclede Co. Mo.

24. FUNERAL DIRECTOR: Dorsey M. Howe
ADDRESS: Lebanon, Mo

25. DATE RECD. BY LOCAL REG.: 5-12-61

26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Dorsey M. Howe

Signature of Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon

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.