

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

STATE FILE NUMBER **638-61-020992**

Registration District No. **128** Primary Registration District No. **200** Registrar's No. **638**

**FILED JUL 20 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 **14 Hr.**  
 c. FULL NAME OF HOSPITAL OR INSTITUTION **St. Johns Hospital** Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Greene**  
 c. CITY OR TOWN **Republic** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **-** Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Middle Last **Eva Marie Cheo Pearce** 4. DATE OF DEATH Month Day Year **July 2, 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **7-18-1897** 9. AGE (last birthday) **63**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stenographer** 10b. KIND OF BUSINESS OR INDUSTRY **Frisco R.R.** 11. BIRTHPLACE (City and state or country) **Republic, Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Joseph Pearce** 13b. MOTHER'S MAIDEN NAME **Alice Samantha** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT **Marlin Pearce** Address **Phoenix, Ariz.**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebral hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **5 hrs**  
 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) \_\_\_\_\_ 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 **599 A** to **7-2-61** and last saw her <sup>her</sup> <sub>him</sub> alive on **7-2-61**  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **MD** 22b. ADDRESS **Springfield, Mo** 22c. DATE SIGNED **7-7-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-5-1961** 23c. NAME OF CEMETERY OR CREMATORY **Evergreen Cem.** 23d. LOCATION (City, town, or county) (State) **Republic, Mo**

24. FUNERAL DIRECTOR **W.A. Centrell** ADDRESS **Republic, Mo** 25. DATE RECD. BY LOCAL REG. **7-7-61** 26. REGISTRAR'S SIGNATURE **[Signature]**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED \_\_\_\_\_  
 INSTEAD OF \_\_\_\_\_  
 DOCUMENT \_\_\_\_\_  
 MEDICAL CERTIFICATION \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_  
 ITEM NO. SHOULD READ \_\_\_\_\_

**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 William B. Conrill

Licensed Embalmer No. 4730

P. O. Address Repa, 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.