

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045624

STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 25

FILED DEC 18 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glaize Township</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>B rumley</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brumley, Mo. rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Alanzo</u> Last <u>Pearce</u>			4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1961</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/13/1909</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Brumley, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Olive Pearce</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Gumm</u>	14. NAME OF HUSBAND OR WIFE <u>Bonnie Pearce</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Bonnie Pearce</u> Address <u>Brumley, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage and Suffocation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Crushing of Thorax, Abdomen and Contents</u>		" "
	DUE TO (c) <u>Being pinned under a falling tree</u>		" "

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Was cutting timber with chain saw when tree fell on him.</u>
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20c. TIME OF INJURY <u>4:00</u>	Hour <u>4:00</u> Month, Day, Year <u>12-3-61</u>
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Brumley (Rural)</u> COUNTY <u>Miller</u> STATE <u>Missouri</u>
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:02 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L. S. Humphreys, D.O., Coroner</u>	22b. ADDRESS <u>Tuscumbia, Missouri</u>	22c. DATE SIGNED <u>12-5-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gott Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Miller County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Walter Hedges</u> ADDRESS <u>Candenton, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 8 1961</u>	26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 28 1961

FEB 6 1962

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,

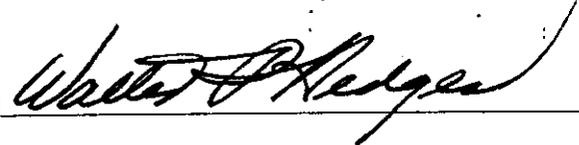
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.