

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**24214**

State File No. \_\_\_\_\_

**FILED AUG 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 89

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Clay</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Liberty</u>	c. CITY OR TOWN <u>Liberty</u>		<u>6001</u>
c. LENGTH OF STAY (in this place) <u>years</u>	d. STREET ADDRESS (If rural, give location) <u>215 Shrader</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 Shrader</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>Clay</u>	c. (Last) <u>Pearley</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug. 1, 1953</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>May 15, 1870</u>	<b>9. AGE</b> (In years last birthday) <u>83</u>	<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u>	<b>IF UNDER 24 HRS.</b> Hours <u>0</u> Min. <u>0</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired resturanted</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>resturant</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Parkville, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Clay Pearley</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amanda Farris</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Maggde Bright Pearley</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>mp</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Allene Gans Liberty, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 days</u>  <u>104.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Peripherel arteriosclerosis</u>  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 12 July, 1952, to 1 Aug, 1953 that I last saw the deceased alive on 3/July, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>F.M. Waterman M.D.</u>	<b>23b. ADDRESS</b> <u>Liberty, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8-3-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>8-5-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Fairview Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Liberty?, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>August 4, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mabel Abraham</u> <u>4910</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Zyler Pearley</u>	<b>ADDRESS</b> <u>Funeral Home Liberty, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0.00

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**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 .....  
Student Embalmer

Signed *John Pasley* \_\_\_\_\_  
Licensed Embalmer No. *4308*

P. O. Address *Liberty, 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 this body is not embalmed, fact should be so stated above.