

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30862

State File No.

152

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Sleeper - Anglaise</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 Harwood</u>				d. STREET ADDRESS <u>no st. address</u>			
3. NAME OF DECEASED (Type or Print) <u>Pearl Jennie Archer</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 8, 1877</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Marietta Byfield</u>		14. NAME OF HUSBAND OR WIFE <u>D. N. Archer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Roberta Archer</u> ADDRESS <u>Lebanon Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>43 43</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-17</u> , 19 <u>48</u> , to <u>Sept 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 12</u> , 19 <u>49</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. C. Carrington</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>9-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoddard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-1949</u>		REGISTRAR'S SIGNATURE <u>Nella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Helman</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received SEP 20 1949
Laclede County Health Unit
File No. 9-49-136
Date Filed SEP 20 1949

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.