

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23178  
Registrar's No. 3044

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 3020 Forest Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL, K.C. Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) PHYLLIS b. (Middle) J. c. (Last) PEARCE			4. DATE OF DEATH (Month) (Day) (Year) JULY 17, 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH March 24, 1922	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Avon Products, Inc.		11. BIRTHPLACE (State or foreign country) Bonner Springs, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Wright	13b. MOTHER'S MAIDEN NAME Edith Purdom	14. NAME OF HUSBAND OR WIFE E. L. Pearce
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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) no	16. SOCIAL SECURITY NO. 511-12-1270	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Mackey, Jr., Bonner Springs, Kans	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL - VASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT HYPERTENSION		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			33 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE B.S. Powell	(Degree or title)	23b. ADDRESS 2300 Holmes, K.C., Mo.	23c. DATE SIGNED July 17, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial	24b. DATE 7-19-51	24c. NAME OF CEMETERY OR CREMATORY Bonner Springs	24d. LOCATION (City, town, or county) (State) Bonner Springs, Kansas
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DATE REC'D BY LOCAL REG. 7-18-51	REGISTRAR'S SIGNATURE Geraldine Holman	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Adrian J. Stitt*

working under my personal supervision.

Student Embalmer No. *425*

Signed *Adrian Jay Stitt*  
Student Embalmer

Signed *Gene E. Beck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.