.S. No. 300
v. 10-48

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34674

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6005 Registrar's No. 16

0870

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

1. PLACE OF DEATH
a. COUNTY: RALLS 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (SPENCER-TOWNSHIP)
c. LENGTH OF STAY (in this place): 3 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SPENCER-TOWNSHIP-RALLS, CO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARTINSBURG 0040
d. STREET ADDRESS (If rural, give location): ____

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): EDWARD
c. (Last): PEARL

4. DATE OF DEATH (Month) (Day) (Year): OCT. 13 - 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT 16 - 1902
9. AGE (In years last birthday): 48 — 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): BUSINESS MAN
10b. KIND OF BUSINESS OR INDUSTRY: RESTRANT
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: VIRGIL W. PEARL
13b. MOTHER'S MAIDEN NAME: JOSEPHINE NICHOLAS
14. NAME OF HUSBAND OR WIFE: MRS. D. E. PEARL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 318-09-5862
17. INFORMANT'S SIGNATURE OR NAME: MRS. D. E. PEARL - MARTINSBURG, MO — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACCIDENTAL-DEATH-CAUSED-FROM

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) SLIPPING-ACCIDENTLY-INTO-

DUE TO (c) SALTRIVER-AND-DROWNING.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. NONE.

INTERVAL BETWEEN ONSET AND DEATH

E9298
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19a. DATE OF OPERATION: NONE.
19b. MAJOR FINDINGS OF OPERATION: 087
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): SALTRIVER.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): SPENCER-TOWNSHIP, RALLS-MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): OCT-13-1951 7:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ACCIDENTLY-FELL-INTO-SALTRIVER.

22. *I hereby certify that I attended the deceased from* NOMEDICAL ATTENTION, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Wilbey Coroner 3
23b. ADDRESS: Perry, Mo. Ralls Co.
23c. DATE SIGNED: 10/13/1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 10-15-51
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD Cemetery
24d. LOCATION (City, town, or county) (State): MEXICO MO

DATE REC'D BY LOCAL REG.: Oct 15, 1951
REGISTRAR'S SIGNATURE: N. F. Waters 268
25. FUNERAL DIRECTOR'S SIGNATURE: Chas Arnold, Jr. — ADDRESS: Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 9 [redacted]
DISTRICT HEALTH OFFICE #2
District File Number 11-51-1996
Date Filed: NOV 9 [redacted]

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard J. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. #825

P. O. Address Mexico 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.