

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

**42158**

State File No. ....

**FILED JAN 4 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 2037 Registrar's No. 154

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Mt. Vernon</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Mt. Vernon</u>	<u>0550</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>PEARLIE</u>	a. (First)	b. (Middle) <u>MAY</u>	c. (Last) <u>MOORE</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 20 1951</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 17 - 1874</u>	<b>9. AGE</b> (in years last birthday) <u>77</u>	<b>IF UNDER 1 YEAR</b> Months   Days	<b>IF UNDER 10 HRS.</b> Hours   Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Mt. Vernon Mo. 0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Oral W. Jennings</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jim Moore</u>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Blond Moore</u>	<b>ADDRESS</b> <u>Mt. Vernon Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>apoplexy</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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>334X</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** Dec 15, 1951, to Dec 20, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 3:10 pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>P. A. Halmer M.D.</u>	<b>23b. ADDRESS</b> <u>Mt. Vernon Mo.</u>	<b>23c. DATE SIGNED</b> <u>12-21-51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Summit Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>4 mi. E. Mt. Vernon Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Dec 29, 1951</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Cecil Hendricks</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. L. Fossett</u>	<b>ADDRESS</b> <u>Mt. V. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon, Va

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.