

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8906

State File No. _____

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5631 Registrar's No. 31

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 OR TOWN <u>Rural Mayfield Twp</u>	c. LENGTH OF STAY (In this place) <u>5 years</u>	c. CITY OR TOWN <u>Rural, Mayfield Twp 0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Stoutland Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>near Stoutland Laclede Co Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>HENRY</u> c. (Last) <u>PEARCY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March - 5 - 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 29 1905</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter Work</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Bearey</u>		13b. MOTHER'S MAIDEN NAME <u>Cara Chandler</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Bearey</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Char Ogles Stoutland 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach and Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c) <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>			

19a. DATE OF OPERATION <u>Exploratory</u>		19b. MAJOR FINDINGS OF OPERATION <u>Mass of Cancer Stomach, Lungs & other areas</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>?</u>		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) <u>?</u>		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 July 20, 1951, to March 4, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Beaton M.D.</u> (Degree or title)		23b. ADDRESS <u>Stoutland Mo.</u>		23c. DATE SIGNED <u>3-5-52</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial x</u>		24b. DATE <u>3-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo</u>	

DATE REC'D BY LOCAL REG. <u>3-11-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wignall Evans Stoutland, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

530

APR 4 1952

Received MAR 15 1952

Laclede County Health Unit

File No. 3-52-23

Date Filed MAR 18 1952

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.....

This body was not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Royal Green*
Licensed Embalmer No.....

P. O. Address *Stoutland*

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.