

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37345

State File No.

OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6097 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
b. CITY OR TOWN <u>Rural - Independence Twp 2 Mo.</u>		c. CITY OR TOWN <u>Rural (Independence Twp.)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Pearce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1868</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR <u>3</u> MONTHS <u>23</u> DAYS <u>3</u> HOURS <u>23</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Scotland Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>Jonathan Pearce</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Caldwell</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Pearce</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Julian W. Pearce</u> ADDRESS <u>Greenwood</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Operation 151X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>unoperable Not Good</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.) <u>✓</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
---	--	--

22. I hereby certify that I attended the deceased from Oct 9, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. E. Perwig M.D.</u>		23b. ADDRESS <u>Downing Mo.</u>		23c. DATE SIGNED <u>Oct 13, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 12, 1961</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>	24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Oct 13/52</u>	REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>More Funeral Home</u> ADDRESS <u>Downing, Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

0980

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 Neal Payne

Signed.....
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis 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.