No. 300
10.48

FILED DEC 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39282

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 178

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1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 31 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon Rural 0534
d. STREET ADDRESS (If rural, give location): Rural Route # 4.

3. NAME OF DECEASED (Type or Print)
a. (First): Deby
b. (Middle): Pearcy
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Jan. 29, 1894
9. AGE (In years last birthday): 58. If under 1 year: Months 9, Days 24, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: J. M. Hicks
13b. MOTHER'S MAIDEN NAME: Mattie Durham
14. NAME OF HUSBAND OR WIFE: Joseph E. Pearcy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Joseph E. Pearcy Lebanon Rt. 4

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): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

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

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 151X

19a. DATE OF OPERATION: 10/26/52
19b. MAJOR FINDINGS OF OPERATION: Cancer of Stomach with widespread Metastasis
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/24, 1952, *to* 11/23, 1952, *that I last saw the deceased alive on* 11/23, 1952, *and that death occurred at* 11:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Johnson (Degree or title): MD
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: 11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/52
24c. NAME OF CEMETERY OR CREMATORY: Similin Cemetery
24d. LOCATION (City, town, or county) (State): Laclede Co. Mo.

DATE REC'D BY LOCAL REG.: 12-1-1952
REGISTRAR'S SIGNATURE: Nella L. Hay 424
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. E. Holman Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received DEC 8 1952
Laclede County Health Unit
File No. 12-52-171
Date Filed DEC 9 1952

JAN 8 1953

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 Dorsey M. Howe

Signed _____
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.