

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

PEARSE, 4580  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEVADA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-OSAGE TWP</b> 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TATE REST HOME.</b>		d. STREET ADDRESS (If rural, give location) <b>6mi S.W. RICH HILL.</b>	

3. NAME OF DECEASED a. (First) <b>THEODOCIA-ERNEST-SHAFER</b> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN-26-1953</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB-11-1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Month <b>11</b> Days <b>15</b>	IF UNDER 100 Hrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MAHOMET ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY CLAY LYONS</b>	13b. MOTHER'S MAIDEN NAME <b>HARRIET SCOTT</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE SHAFER.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Bess Shafer Rich Hill Mo.</b>	ADDRESS <b>Rich Hill Mo.</b>
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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) <b>Carcinoma of recto-sigmoid with metastases to lungs and liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 Months</b>
	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. <b>154X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Sept 13, 1952** to **Jan 26, 1953**, that I last saw the deceased alive on **Jan 19, 1953**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Playal Pearce Jr MD</b>	(Degree or title)	23b. ADDRESS <b>nevada mo</b>	23c. DATE SIGNED <b>1/30/53</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 29 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>RICH HILL, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-31-53</b>	REGISTRAR'S SIGNATURE <b>WMA G. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>South Funeral Home, Rich Hill Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 30 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Robert G. Steinbech*

Licensed Embalmer No. 4657

P. O. Address Butler, 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.