

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9600

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. 88

0420
1

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Clinton Twp 0420</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Francis</u> c. (Last) <u>Pearcy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-1953</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>4-3-1893</u>			9. AGE (In years last birthday) <u>59</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13. FATHER'S NAME <u>Francis M. Pearcy</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Lyons</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Pearcy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>490-05-9266</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Allen Pearcy</u> ADDRESS <u>Clinton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure; assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malignant glioblastoma of left frontal lobe.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
		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. <u>193x</u>			

19a. DATE OF OPERATION <u>2-26-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>malignant glioblastoma of frontal lobe.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 2-9-, 1953, to 3-17, 1953, that I last saw the deceased alive on 3-16-, 1953, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Powell D.O.</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>3/18/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cleghwood Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	

DATE REC'D BY LOCAL REG <u>Mar-20-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u> ADDRESS <u>Clinton Mo</u>	
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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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4718

P. O. Address Clinton

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.