

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

10527

FILED MAR 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4347 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mooreville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mooreville</u> <u>0590</u>	
c. LENGTH OF STAY (In this place) <u>9 months</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Pairlee</u> b. (Middle) <u>Wagner</u> c. (Last) <u>Peery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 18, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 3, 1868</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Sampsel, Missouri</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Joshua Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Dawkins</u>	14. NAME OF HUSBAND OR WIFE <u>No Record</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. D. Wagner; Mooreville, Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Terminal</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cardiac Decompensation</u> DUE TO (b) <u>12/18</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</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 <u>Feb. 17, 1953</u> , to <u>Feb. 17, 1953</u> , that I last saw the deceased alive on <u>Feb. 17, 1953</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph G. Conrad M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>Mar. 11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Livingston County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>March 14, 1953</u>	REGISTRAR'S SIGNATURE <u>Hester L. Ewing</u> <u>175</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>	

(Licensee Embalmer's Statement on Reverse Side)

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

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 *Edwin F. Norman* .....

Licensed Embalmer No. .... 4036 .....

P. O. Address *Chillicothe, Missouri.* .....

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.