

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 2 - 1954

No. 300

10-48

 BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4544 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIANGUA MO</u>		c. CITY OR TOWN <u>NIANGUA MORI</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>8 MI N.E. NIANGUA MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>PEARCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25 1954</u>	
5. SEX <u>F</u>	COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR 19 1860</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>JUDSONIA ARK</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>EWIN VENABLE</u>	
13b. MOTHER'S MAIDEN NAME <u>ELZADA SWOR</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>ETHEL VESTAL NIANGUA MORI</u>		ADDRESS _____	
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>MEDULLARY PARALYSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>TOXEMIA</u> <u>3 DAYS</u> DUE TO (c) <u>UREMIA</u> <u>3 DAYS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RENAL FAILURE</u> <u>3 DAYS</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>July 16, 1957</u> to <u>July 25, 1957</u> , that I last saw the deceased alive on <u>July 23, 1957</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Buel 2 DO.</u>		23b. ADDRESS <u>Niangua Mo</u>	
23c. DATE SIGNED <u>7-26-57</u>			
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-27-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>EUREKA</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>	
DATE REC'D BY LOCAL REG. <u>7-30-57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 392-	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER F. H.</u>		ADDRESS <u>MARSHFIELD MO</u>	

(Licensed 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.....
Signature of Student Embalmer

Signed, *Glen S. Williams*

Licensed Embalmer No. *465*

P. O. Address *Marshfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.