

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17747

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 620	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1801 Jules Street				e. STREET ADDRESS (If rural, give location) 1801 Jules Street			
3. NAME OF DECEASED (Type or Print) Pearle				a. (First) Pearle		b. (Middle) Althouse	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 2, 1879	
9. AGE (in years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Illinois.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME (Unknown) Dillon		14. NAME OF HUSBAND OR WIFE Albert J. Althouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Eleanor Althouse			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION Woman was a Scientist and has not been under recent medical care.				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 viewed the deceased on 6/18, 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 A m., from the causes and on the date stated above.							
23a. SIGNATURE H F Mundy (Coroner) M.D.				23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 6/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20, 1955		24c. NAME OF CEMETERY OR CREMATORY Packard Cemetery		24d. LOCATION (City, town, or county) (State) Camden, Missouri.	
DATE REC'D BY LOCAL REG. June 20, 1955		REGISTRAR'S SIGNATURE Ethel M Allison		25. FUNERAL DIRECTOR'S SIGNATURE Ina J. Meierhoffer			
				ADDRESS St. Joseph, Mo.			

(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 *Edward C. Harrington*.....

Licensed Embalmer No.3258

P. O. Address ..St., Joseph., M.

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.