

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29493

State File No. _____

No. 300
10-48

FILED OCT 10 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 863

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>2 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> c. CITY OR TOWN <u>Clever</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Rt. #1, "Rural" Lincoln</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Pearce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 1-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 15-1901</u>	
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Christian Co., Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. T. Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Chastain</u>		14. NAME OF HUSBAND OR WIFE <u>Clifford Pearce</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Pearce, Rt. #1, Clever, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATHEROSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE</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) <u>4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 YRS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>		<u>18 YRS</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>SEPT. 29, 1955</u>, to <u>OCT. 1, 1955</u>, that I last saw the deceased alive on <u>OCT. 1, 1955</u>, and that death occurred at <u>2:35 P. m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Sheldon O. T. Over, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>10/4/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Delaware Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nixa, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-5-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheldon Harris, Clever, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....
J. Alan Harris

Licensed Embalmer No. *4390*

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