

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5479**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5631** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOUTLAND	c. LENGTH OF STAY (in this place) (township) 50 YRS	c. CITY OR TOWN STOUTLAND	d. 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 HOME-MAYFIELD-TS.		STREET ADDRESS (If rural, give location) 0530	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) L. c. (Last) PEARCY			4. DATE OF DEATH (Month) (Day) (Year) 2 14 - 56			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-16-1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) STOUTLAND, MO		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOE EVANS		13b. MOTHER'S MAIDEN NAME PARALIE MILLER		14. NAME OF HUSBAND OR WIFE WILLIAM PEARCY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RALPH PEARCY Stoutland, Mo		

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion		DUE TO (b) ARTERIAL SCLEROSIS			2 YRS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) None		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE: (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) STOUTLAND MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Jan**, 1954, to **Feb 14**, 1956, that I last saw the deceased alive on **Feb 12**, 1956, and that death occurred at **3 A.** m., from the causes and on the date stated above.

23a. SIGNATURE L. E. Camp ton		(Degree or title) MD	23b. ADDRESS STOUTLAND MO	23c. DATE SIGNED 2-16-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-16-56	24c. NAME OF CEMETERY OR CREMATORY DOWTY Cemetery	24d. LOCATION (City, town, or county) (State) LACLEDE, County, MO		
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DATE REC'D BY LOCAL REG. 2-20-1956	REGISTRAR'S SIGNATURE Hella L. Ray	424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Simpson Hartsville, Mo		
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 3-5-56
Laclede County Health Unit
File No. 25
Date Filed 3-5-56

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 James W. Wain
Licensed Embalmer No. 462
P. O. Address Springfield

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.