

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 36

1. PLACE OF DEATH <u>State Hospital #3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Vernon</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington Township</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Christian</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada State Hosp #3</u>		c. CITY OR TOWN <u>0220</u>	d. STREET ADDRESS <u>(If outside, give location)</u>
Length of stay in lb <u>16-3-13</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Walter D. Pearce</u>			4. DATE OF DEATH <u>Feb. 22 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-7-1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and state or country) <u>Christian Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Joshua Harry Pearce</u>			14. MOTHER'S MAIDEN NAME <u>Frances Jane Holder</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Adm. Papers</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Vessel Disease</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Senile Dementia

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>4201F</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Accident</u>
20c. TIME OF INJURY Hour a. m. <u>9</u> Month, Day, Year <u>12-56</u>	<u>Patient was going to stool room and slipped and fell.</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.) <u>State Hosp. #3</u>	20f. CITY, TOWN, OR LOCATION <u>Nevada</u>	COUNTY <u>Vernon</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 12-25-55 to 2-22-57 and last saw her alive on 2-22-57
Death occurred at 1:25 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Allen Pickers</u>	22b. ADDRESS <u>Nevada, Mo.</u>	22c. DATE SIGNED <u>2-22-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-25-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miss Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clev. Mo.</u>
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24. FUNERAL DIRECTOR <u>Harris Funeral Home</u>	ADDRESS <u>Jever, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-5-1957</u>	26. REGISTRAR'S SIGNATURE <u>Arma J. Perry</u>
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Henry F. Milne*
Licensed Embalmer No. *48*
P. O. Address *Veranda*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.