

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026288

STATE FILE NUMBER

4322 Registrar's No. 44

Health,
Welfare
Public
Service

300
1-56

FILED AUG 6 1958
Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 44

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Princeton		c. CITY OR TOWN Princeton	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Artell Hospital		Length of stay in lb 3 Mo.	
3. NAME OF DECEASED (Type or print) First Gertrude Middle Eleanor Last Pearce		4. DATE OF DEATH Month 7 Day 27 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fraternity House Mother		10b. KIND OF BUSINESS OR INDUSTRY College	11. BIRTHPLACE (City and state or country) Newark -New Jersey /
13. FATHER'S NAME Arby Montgomery		14. MOTHER'S MAIDEN NAME Susan Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) no none		16. SOCIAL SECURITY NO. 487-34-793IA	17. INFORMANT Address Douglas I. Pearce-Princeton Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Meta-static carcinoma of abdomen DUE TO (c) Primary carcinoma in ovaries			INTERVAL BETWEEN ONSET AND DEATH 30 hrs. 4 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1750			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 4-23-58 to 7-27-58 and last saw her alive on 7-27-58 Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Byron I. Artell D.O.		22b. ADDRESS Princeton, Mo	22c. DATE SIGNED 7-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-27-58	23c. NAME OF CEMETERY OR CREMATORY Abington Hills Cem.	23d. LOCATION (City, town, or county) (State) Clarks Summit-Penn.
24. FUNERAL DIRECTOR W. E. Agnell ADDRESS Martin Funeral Home Princeton--Mo.		25. DATE RECD. BY LOCAL REG. 7-27-58	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

8684 2 139

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 *W.E. Agbell*.....

Licensed Embalmer No.. 5020

P. O. Address Princeton-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.