

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032219
STATE FILE NUMBER

FILED OCT 9 1958		Registration District No. 100		Primary Registration District No. 5392		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY Dent County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Watkins TWP.		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Lemox		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lenox, Missouri		Length of stay in lb 15 years		d. STREET ADDRESS (If outside, give location) Lenox, Missouri		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Pearl C. Black				4. DATE OF DEATH Month Day Year Oct. 4, 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Dec. 7, 1901	
9. AGE (In years last birthday) 56		10. FUNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Dent County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) Dent County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fate Skiles		13b. MOTHER'S MAIDEN NAME Alice Stites		14. NAME OF HUSBAND OR WIFE Orville, Black			
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. 489-10-5785		17. INFORMANT Orville Black Lenox, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the cervix with metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 171X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 5 years	
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐					
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 6-14-55 to 8-23-58 and last saw her alive on 8-23-58 Death occurred at 3:40 pm m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Salem, Mo. 22c. DATE SIGNED 10-6-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 7, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery		23d. LOCATION (City, town, or county) (State) Dent. County, Missouri	
24. FUNERAL DIRECTOR Carl K. Spencer		ADDRESS Salem, Missouri		25. DATE RECD. BY LOCAL REG. 10/6/58		26. REGISTRAR'S SIGNATURE M. M. Hart, M. D. L. Q. M.	

1001

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 Carl H. Spinner

Licensed Embalmer No. 2376
P. O. Address Dalton, 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.