

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044868

STATE FILE NUMBER

FILED DEC 17 1958 Registration District No. 200 Primary Registration District No. 4314 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ATLANTA 0610		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) PEARLIE Irene HADLEY First Middle Last				4. DATE OF DEATH Month Day Year 12-4-1958									
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 12-30-1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min. 11 4 - -					
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 country) MACON CO. - MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Charles R. Dennis				14. MOTHER'S MAIDEN NAME ELMIRA PARSONS									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Charles Tidwell - Lincoln Nebraska Address									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cute Coronary Failure Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertension								INTERVAL BETWEEN ONSET AND DEATH 2 hr					
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.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2					
20c. TIME OF INJURY Hour Month, Day, Year 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 Oct 12 1954 to Dec 4-58 and last saw her alive on Dec 4-58 Death occurred at 4:45 a - m on the date stated above; and to the best of my knowledge, from the causes stated.								22a. SIGNATURE D. L. Drowns (Degree or title)		22b. ADDRESS Atlanta Mo		22c. DATE SIGNED 12-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
BURIAL		12-6-1958		Hope Well		ATLANTA - MO							
24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA, MO ADDRESS				25. DATE RECD. BY LOCAL REG. 12/8/58		26. REGISTRAR'S SIGNATURE Cuth M Neely.							

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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 1-56
 All 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

COUNTY
Date Filed 12-15-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Theo. H. Goodding....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Theo. H. Goodding
Licensed Embalmer No. 39

P. O. Address Atlanta, Ga.

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.