

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029758

FILED VS. AUG 22 1960

042

1000

872

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>W. Virginia</b> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural:</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>New Cumberland</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>18 miles south of St. Joseph Mo. on highway #71</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Ridge A ve.</b>	
3. NAME OF DECEASED (Type or print) First <b>GLEN</b> Middle <b>WILLIAM</b> Last <b>PEARCE</b>				4. DATE OF DEATH Month <b>August</b> Day <b>17</b> Year <b>1960</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/11/1917</b>	
9. AGE (last birthday) <b>43</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Company</b>		11. BIRTHPLACE (City and state or country) <b>Mansfield, Ohio</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Howard Pearce</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Realklies</b>			14. NAME OF HUSBAND OR WIFE <b>Louise P. Pearce</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes W.W.# 11</b>				16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Mrs. Louise Pearce, Ridge Ave. New Cumberland West Va.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic shock + hemorrhage fracture of right leg</b> DUE TO (b) <b>Bassler skull comminuted + arm</b> DUE TO (c) <b>2 Car accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>40 min</b> <b>40 min</b> <b>40 min</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1960 Ford side wiped trailer of truck on curve</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <b>Truck going north on Highway 71 5 miles S of St Joe Ford going south and clipped trailer rear.</b>			
20c. TIME OF INJURY Hour <b>12</b> Month, Day, Year <b>aug 17 60</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>St Joe Buchanan Mo</b>	
21. I attended the deceased from <b>visited body</b> and last saw him <b>Aug 17-60</b> for active of <b>Aug 17-60</b> Death occurred at <b>1:20 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>S.F. Melaney M.D. Coronar St. Joe 8, Mo</b>				22b. ADDRESS <b>214 Kirkpatrick Bldg</b>		22c. DATE SIGNED <b>Aug 17 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>8/18/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Weirton West Virginia</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Heaton-Cowan</b>				ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 18, 1960</b>	
				26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>			

DOCUMENT

S.F. Melaney Medical Certification

BY AFFIDAVIT OF

AUG 29 1960

SEP 8 1960

MS  
MAR 24 1961

MS  
AUG 11 1961

AUG 1 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William Spelling

Licensed Embalmer No. 4535

P. O. Address St. Joseph, Mo.

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