

# I & R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

5410-60-042202 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. \_\_\_\_\_

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	a. STATE <u>Okla.</u>		b. COUNTY <u>Okla</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hennessy City</u>	Length of stay in 1b <u>6 days</u>	c. CITY OR TOWN <u>Okla. Hennessy City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>J. Lukes Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6512 So. Vilia</u>	Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>MARY</u>	Middle <u>Catherine</u>	Last <u>PEARCE</u>	Month <u>Oct.</u>	Day <u>26</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-3-19</u>	9. AGE (last birthday) <u>42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Denver, Colorado</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>David Stamm</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Richard H. Pearce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Richard H. Pearce, Okla. City, Okla.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u> <u>48 hours</u> <u>1 week</u>
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage thru <del>Leucoma</del> <del>Stagnation</del></u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Dilatant ventricular Hemorrhage</u> <u>Hypertensive Renal-Vascular Disease</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) <u>(May 1958) Carcinoma Cervix; Pelvic Carcinomatosis; L. Hydrocephalus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.	Month, Day, Year	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 10-20-60 to 10-26-60 and last saw her/him alive on 10-26-60.  
Death occurred at 7:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. Byers M.D.</u> (Degree or title)	22b. ADDRESS <u>4635 Wyandotte, K.C. 12, Mo</u>	22c. DATE SIGNED <u>10/27/60</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-27-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Okla. Home City</u>	23d. LOCATION (City, town, or county) <u>Okla. City, Okla.</u>
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24. FUNERAL DIRECTOR <u>Wagner Funeral Home</u> ADDRESS <u>K 6 Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-27-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L-Dwyer</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Byers

NOV 17 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin R. Haunsch

Licensed Embalmer No. 415  
P. O. Address B. C. M.

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