MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007467
STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 34

FILED MAR 29 1961

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Atchison
c. CITY OR TOWN Rock-Port Mo
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Jackson Middle Randolph Last Pearce
4. DATE OF DEATH Month Mar Day 24 Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 9-1892
9. AGE (last birthday) 68
IF UNDER 1 YEAR Months 8 Days 15
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce & feed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Fairfax Mo
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Stonewall J. Pearce
13b. MOTHER'S MAIDEN NAME Ida Green
14. NAME OF HUSBAND OR WIFE Della Pearce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Della Pearce Address Rock-Port Mo

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Congestive heart failure	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	myocardial infarction	15 days
DUE TO (c)	ASHD	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 3/1/61, to 3/24/61 and last saw her (him) alive on 3/24/61
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John M. Wanamaker (Degree or title) M.D.
22b. ADDRESS Rock Port Mo.
22c. DATE SIGNED 3/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Mar 26-1961
23c. NAME OF CEMETERY OR CREMATORY Linden cemetery
23d. LOCATION (City, town, or county) (State) N.W. Rock-Port Mo

24. FUNERAL DIRECTOR Bertrand Funeral Home ADDRESS Rock-Port Mo
25. DATE RECD. BY LOCAL REG. Mar 26, 1961
26. REGISTRAR'S SIGNATURE Marvin A. Schooler

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JUL 6 1962

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 By Me, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James Byron Berto

Licensed Embalmer No. 4024

P. O. Address Rock Port Me

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.