

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044963

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 6389

AMENDED

FILED JAN 8 1962

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

H. Underwood

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 40 YEARS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5002 1/2 E. 24TH STREET		d. STREET ADDRESS (If outside, give location) 5002 1/2 E. 24TH ST.	
3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE ETHEL PEARCE		4. DATE OF DEATH DEC. 18, 1961	
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/6/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY --	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) GENTRY COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN MESSNER		13b. MOTHER'S MAIDEN NAME CORNELIA (UNK) ALEN	
14. NAME OF HUSBAND OR WIFE A. A. PEARCE, SR.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. INFORMANT MR. A. A. PEARCE, KANSAS CITY, MO.		17. ADDRESS 5002 1/2 E. 24TH STREET	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary occlusion DUE TO (c) Arterioarteriosclerotic Cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 Dec 4, 1961 to Dec 18/61 and last saw her alive on 12/17/61 Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Underwood, MD (Degree or title)		22b. ADDRESS 5100 E 254th KCMO	22c. DATE SIGNED 12/18/61
23a. BURIAL, CREMATION, REMOVAL (Specify) H. BURIAL	23b. DATE DEC. 20, '61	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO. ADDRESS 1331 BEUSH CREEK BLVD.		25. DATE RECD. BY LOCAL REG. 12-20-61	26. REGISTRAR'S SIGNATURE Ruth Long

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

Barold L. Pittman

Licensed Embalmer No. 3035

P. O. Address Bar L. Pittman

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.