

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-009827

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 71

FILED APR 3 1962

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant		c. CITY OR TOWN Butler	
Length of stay in 1b 12 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home		d. STREET ADDRESS (If outside, give location) R. F. D.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sara A. Pearce			4. DATE OF DEATH Month Day Year March 29, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-22-1866
9. AGE (last birthday) 96		IF UNDER 1 YEAR Months Days 2 7	IF UNDER 24 HR Hours Min. 10 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Taswell Co. Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Sam Roberts	
13b. MOTHER'S MAIDEN NAME Unknown Roberts		14. NAME OF HUSBAND OR WIFE Edwin Pearce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Frank Pearce		Address Butler, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Bacteria - Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) _____			10 years
DUE TO (c) General Senility with Myocardial Failure			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Listed to the term of the deceased was female was there a pregnancy in last 90 days) disease condition given in PART I (a) _____			
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 1955 to Mar. 29, 1962 and last saw her alive on Mar 23, 1962 Death occurred at 1:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Carter W. Luter MD		22b. ADDRESS Butler Mo	
22c. DATE SIGNED 3/30/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-31-1962	
23c. NAME OF CEMETERY OR CREMATORY Mound Cemetery		23d. LOCATION (City, town, or county) (State) Willow Hill, Illinois	
24. FUNERAL DIRECTOR Culver-Underwood		25. DATE RECD. BY LOCAL REG. 3-31-1962	
26. REGISTRAR'S SIGNATURE Norma Jean Wilson			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0070
2 0070
3
4 1
5 2
6
7 1
8 0
9 91X
10
11
12 86-0
13 1-0

DATE AMENDED

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 Robert S. Stumbach

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

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.