MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016731
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 110

FILED MAY 1 1963

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 504 Samuels Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 504 Samuels Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GRANT Middle EDWARD Last PEARL

4. DATE OF DEATH: Month April Day 28 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-17-1897
9. AGE (last birthday): 66 — 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): Sewer Engineer
10b. KIND OF BUSINESS OR INDUSTRY: City of Chillicothe
11. BIRTHPLACE (City and state or country): Malone Co., Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Pearl
13b. MOTHER'S MAIDEN NAME: Mary McLaughlin
14. NAME OF HUSBAND OR WIFE: Onie Lee Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Delores DiBiase; 6960 N. Ashland Chicago, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Leukemia, Myelogenous, Chronic
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 Apr. 10-63 to Apr. 28-63 and last saw him alive on Apr. 28-63
Death occurred at Five A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph A. Conrad, M.D.
22b. ADDRESS: Chillicothe, Mo
22c. DATE SIGNED: Apr. 30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-30-63
23c. NAME OF CEMETERY OR CREMATORY: Edgewood
23d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

24. FUNERAL DIRECTOR: Norman Funeral Home ADDRESS: Chillicothe, Missouri
25. DATE RECD. BY LOCAL REG.: April 30, 1963
26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0595		
2	0595 2		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	4201H		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

MAY 7 1963

MAY 20 1963

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 Eston Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.

Dr. Conrad