

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34153**

No. 300
10.48

49
52

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 481

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | |
| c. LENGTH OF STAY (in this place) 10 Yrs | | d. STREET ADDRESS (If rural, give location) 2022 Bird | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1 | | | |

| | | | | |
|--|------------|-------------|----------------|---|
| 3. NAME OF DECEASED (Type or Print) Emma | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Oct 28, 1949 |
| | | S | Pearson | |

| | | | | | | |
|-------------------------|----------------------------------|---|--|--|---|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH April 2, 1867 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 6 Days 26 | IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|---|--|--|---|--|

| | | | |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Owego New York | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|-----------------------------------|--|--|

| | | |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

| | | | |
|---|-------------------------|---|---------|
| 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. | 17. INFORMANT'S SIGNATURE OR NAME Nettie Pearson, 2022 Bird, Joplin, Mo | ADDRESS |
|---|-------------------------|---|---------|

| | | | |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac degeneration. | | 1 yr. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Hypertension | | 3 " |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 10 " |

| | | |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No operation. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

| | | |
|--|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None. | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury. | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|---|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Oct. 28, 1949, that I last saw the deceased alive on Oct. 20, 1949, and that death occurred at noon m., from the causes and on the date stated above.

| | | |
|--|--|-------------------------------------|
| 23a. SIGNATURE (Degree or title) W.B. Chapman M.D. | 23b. ADDRESS Joplin, Missouri. | 23c. DATE SIGNED 10-28-49 |
|--|--|-------------------------------------|

| | | | |
|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10/30-1949 | 24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery | 24d. LOCATION (City, town, or county) (State) Diamond, Missouri |
|--|--------------------------------|---|---|

| | | | |
|---|---|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. 10-29-49 | REGISTRAR'S SIGNATURE Edw. Jensen | 25. FUNERAL DIRECTOR'S SIGNATURE W. Parker-Hunsaker | ADDRESS Mortuary Joplin Mo |
|---|---|---|--------------------------------------|

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-1-49
Jasper County Health Office

County File Number 49-10-822

Date Filed 11-8-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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 this body is not embalmed, fact should be so stated above.