

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11921BIRTH NO. 22/19596-5 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u> <u>0104</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>105 Cherry St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>			

3. NAME OF DECEASED a. (First) <u>BENNET</u> b. (Middle) <u>ANN</u> c. (Last) <u>PEARSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15th 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>April 10th 1950</u>		9. AGE (in years last birthday) <u>5</u>		IF UNDER 1 YEAR: Months <u>-</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b: KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Pearson</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benjamin Turner</u> ADDRESS <u>Columbia Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity atelectasis</u>		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7625</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 10, 1950, to April 15, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Helen E. Yeager, M.D.</u> (Degree or title)		23b. ADDRESS <u>909 University Columbia, Mo.</u>		23c. DATE SIGNED <u>April 17, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 18 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Log Providence</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u> ADDRESS <u>Columbia Mo.</u>		DATE REC'D BY LOCAL REG. <u>April 17 1950</u> REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palomex</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 9,
RECEIVED
APR 25 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} ~~by me, or by~~ _____

^X
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Stuart R. Parker*

Licensed Embalmer No. *2900*

P. O. Address, *Columbia, 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.