

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 8 1950

No. 300  
10.48

470

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia</u> <u>0470</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. west of Roeslle</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>NELSON</u> c. (Last) <u>PEARSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 9 1874</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR (Month) (Day) <u>4 22</u>	IF UNDER 14 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Adrain Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Pearson</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Rose</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Pearson</u>	
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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nora Pearson, Roselle Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 3 1X</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 <u>May 27 1949</u> , to <u>Dec 1 1950</u> , that I last saw the deceased alive on <u>Dec 1 1950</u> , and that death occurred at <u>10.00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. Martin, M.D.</u>		23b. ADDRESS <u>Ironton Mo</u>	23c. DATE SIGNED <u>Dec 4 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Roselle Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Alice Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

RECEIVED

DEC 6 1950

DISTRICT HEALTH OFFICE No. 1

No. ....

MAR 7 1951

**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 .....  
Student Embalmer

Signed *Russell White* .....

Licensed Embalmer No. *3012* .....

P. O. Address *Quincy, 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.