

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (If applicable) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin Mo</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>0450</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) _____ c. (Last) <u>PEARSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8 - 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>		8. DATE OF BIRTH <u>Aug 13 - 1890</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Pearson</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Lane 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>489-16-0610</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellen Weston Franklin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u> <u>relieved</u> <u>relieved</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) <u>4201</u>			
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>Oct 1</u> , 1951, to <u>Oct 8</u> , 1951, that I last saw the deceased alive on <u>Oct 7</u> , 1951, and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. L. Chamberlain, M.D.</u>				23b. ADDRESS <u>New Franklin Mo</u>		23c. DATE SIGNED <u>Oct 9 - 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 8 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-51</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.S. Duncan, New Franklin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

272  
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RECEIVED OCT 20 1951  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed OCT 25 1951

OCT 26 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.

Signed W. L. Hall

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.