

FILED JAN 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1053
Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau</u> <u>0430</u>	
c. LENGTH OF STAY (If in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>So. Part of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIS</u> b. (Middle) c. (Last) <u>Pearson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec-15-1897</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>54 1 6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Elkton, MA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Gullet</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Pearson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lucey Sutt - Weaubleau, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & arterial sclerosis</u> DUE TO (c) <u>Diabetes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 20 1952, to Jan 21, 1952, that I last saw the deceased alive on Jan 21, 1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gus S. [Signature]</u>	(Degree or title) <u>DO.</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>Jan 22</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>
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DATE REC'D BY LOCAL REG <u>Jan-24-52</u>	REGISTRAR'S SIGNATURE <u>Fluence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert H. [Signature] - Weaubleau, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952

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 Clas Gilbert F. Hawley

Licensed Embalmer No. 4267

P. O. Address Westland, Mich

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.