

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1895

State File No. ....

FILED JAN 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Mount Vernon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pemiscot</u>	
c. LENGTH OF STAY (in this place) <u>1,760 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)		
(Type or Print) <u>William Pearson</u>			<u>Jan.</u>			<u>10, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3 - 7 - 93</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR	IF UNDER 10 yrs.
						Months	Days
						Hours	Mins.
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		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James H. Pearson</u>			13b. MOTHER'S MAIDEN NAME <u>Foroney Hughes</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann (Wilson) (Peck), Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 7 Yrs.</u>	
				ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						<u>002X</u>	
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) (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 <u>3 - 17 - 19 47</u> , to <u>1 - 10 - 19 52</u> , that I last saw the deceased alive on <u>1 - 10 - 19 52</u> , and that death occurred at <u>11:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Hendricks M.D.</u>			23b. ADDRESS <u>Missouri State San. Mount Vernon, Missouri</u>			23c. DATE SIGNED <u>1-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to</u>		24b. DATE <u>1-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-12-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Forsett</u> ADDRESS <u>Walden, Mo.</u>			

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

556  
0

4501 80231

**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 May 2 Forsyth

Licensed Embalmer No. 4252

P. O. Address McMinn, 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.