

105
No. 300
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MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15585**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 127

1. PLACE OF DEATH <u>Ellis Fischel State Cancer Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Boone</u>	b. STATE <u>Missouri</u>	c. CITY OR TOWN <u>Benton City</u>	d. COUNTY <u>Andrain</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton City</u>	
c. LENGTH OF STAY (in this place) <u>18 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <u>Graee</u>	b. (Middle) <u>Amanda</u>	c. (Last) <u>Pearson</u>	(Month) (Day) (Year) <u>5 13 52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-20-86</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>23</u> Hours <u>14</u> Mins. <u>28</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham Pearson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Hopkins</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Hosp Records - Ellis Fischel State Cancer</u>		ADDRESS	
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 embolism</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) <u>Carcinomatous primary liver suspected</u>	
		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 <u>5-6-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>155X</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>April 25, 1952</u> , to <u>May 13, 1952</u> , that I last saw the deceased alive on <u>Apr May 13, 1952</u> , and that death occurred at <u>2:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George L. Wathen M.D.</u>		23b. ADDRESS <u>State Cancer Hospital</u>	
23c. DATE SIGNED <u>May 13, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - 4</u>		24b. DATE <u>5-13-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Benton City</u>		24d. LOCATION (City, town, or county) (State) <u>Benton City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 13 1952</u>		REGISTRAR'S SIGNATURE <u>Miss R.E. Palmer 36</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Slicht</u>		ADDRESS <u>Mexico, Mo.</u>	

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

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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 Euel E. Pruck

Licensed Embalmer No. 3189

P. O. Address Medio, 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.