

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Salisbury</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Sixth</u>		d. STREET ADDRESS (If rural, give location) <u>West Sixth Street</u>	

3. NAME OF DECEASED (Type or Print) (First) <u>Rebecca</u> (Middle) <u>Leona</u> (Last) <u>Pearson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 27 1863</u>
9. AGE (In years last birthday) <u>88</u> if UNDER 1 YEAR Month Day		10. AGE (In years last birthday) <u>88</u> if UNDER 1 YEAR Month Day	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Moses Hurt</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Hayes</u>	14. NAME OF HUSBAND OR WIFE <u>Edward S 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Pearson Salisbury 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, asphyxia, 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>Cerebral thrombosis</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>cerebral sclerosis</u> DUE TO (c) <u>advanced age</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of right hip, March 8, 1951. Bad fall from this date on</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X F</u>	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) (m.)	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 May 22 1952 to May 24 1952, that I last saw the deceased alive on May 23 1952 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Harris - MD</u> (Degree or title)	23b. ADDRESS <u>Salisbury, Mo</u>	23c. DATE SIGNED <u>5-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kettysville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kettysville Chariton Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/27/52</u>	REGISTRAR'S SIGNATURE <u>W. H. Hartman 55</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Georg Blinn Kettysville Salisbury</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Geo B Winkelmeyer

Licensed Embalmer No. 21225

P. O. Address Salisbury

**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.