

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH44477
State File No. 5715

FILED JAN 17 1953		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURY b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, "Rural"	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 4425 MOATS Drive 0480		
3. NAME OF DECEASED (Type or Print) a. (First) Bessie Pearl b. (Middle) Pearl c. (Last) CLOSE		4. DATE OF DEATH DEC. 28 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 10, 1891	9. AGE (In years, less birthday) 61 7/7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) CAMERON MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ALBERT STRICKER		13b. MOTHER'S MAIDEN NAME RODA BROWN	14. NAME OF HUSBAND OR WIFE FRANCIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Joseph Hospital (Records) Kansas City, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid colon DUE TO (c) Diverticulated carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 153X
19a. DATE OF OPERATION July 52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid colon		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) Kansas City, Jackson, Mo.	
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 July 10, 1952, to Dec 28, 1952, that I last saw the deceased alive on Dec 28, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Robert K. Russell (Degree or Title) MD		23b. ADDRESS Raytown, Mo.		23c. DATE SIGNED Dec 29 '52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-29-52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. 12-29-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 Bush Creek Dr. New Cameron, Mo. - Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

At 1000 1st St
4 floor
R. J. Johnson or A. J. Johnson
4 W.

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 Charles H. Stickney

Licensed Embalmer No. 45608

P. O. Address K.C., 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.