

STANDARD CERTIFICATE OF DEATH

State File No. **6200**
908

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) few Min. | | 8158 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Union Station Hosp. K.C.Mo. | | d. STREET ADDRESS (If rural, give location) 24 North Baltimore | |

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|---|--|--|--------------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) GEORGE S. PEARSON SR. | | | 4. DATE OF DEATH Feb. 9, 1953 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married | |
| 8. DATE OF BIRTH Oct. 14, 1891 | | 9. AGE (in years last birthday) 61 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer | |
| 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Henry Pearson | |
| 13b. MOTHER'S MAIDEN NAME Margaret Sandusky | | 14. NAME OF HUSBAND OR WIFE Florence Pearson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. 708-16-3037 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Pearson | | ADDRESS 24 N. Baltimore K.C. Mo. | |

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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma Myocardial Degeneration | | INTERVAL BETWEEN ONSET AND DEATH 5 days sev. yrs. 34 days | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 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) _____ | | 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 August 17, 1952 to Feb 9, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE Cecil M. Kohn (Degree or title) MD | | 23b. ADDRESS Kansas City, Mo. | | 23c. DATE SIGNED 2/11/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 2/9/53 | | 24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Memorial | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas | | DATE REC'D BY LOCAL REG. 2-11-53 | | REGISTRAR'S SIGNATURE Deraldine Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons | | ADDRESS K.C.K | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

ED MAR 7 - 1953

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 _____



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

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.