

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18212**
2727

FILED JUN 9 1953
BIRTH NO. **36974** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2727**

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

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY OR TOWN Kansas City, Mo. | | c. CITY OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 6 Days | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital, Inc. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Kevin b. (Middle) Edward c. (Last) Pearce | | 4. DATE OF DEATH (Month) (Day) (Year) May 27 1953 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant | 8. DATE OF BIRTH May 21, 1953 |
| 9. AGE (In years last birthday) 6 1/2 | | 10. KIND OF BUSINESS OR INDUSTRY infant | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 11. BIRTHPLACE (City and State or Foreign Country) Independence Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. A | | 13a. FATHER'S NAME Davill E. Pearce | |
| 13b. MOTHER'S MAIDEN NAME Joyce Ann Moore | | 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) No | | 16. SOCIAL SECURITY NO. — | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Father Davill E. Pearce K.C. 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, asthma, 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) Acute Mediastinitis + right pleuritis | | DUE TO (b) Ruptured Esophageal Anastomosis | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) Torn Esophageal Fistula (post-operative) | |
| 19a. DATE OF OPERATION May 23 | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 7562 | |
| 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 5-22, 1953, to 5-27, 1953 , that I last saw the deceased alive on 5-27, 1953 , and that death occurred at 6:05 Am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Charles J. Eldridge (Degree or title) MD | | 23b. ADDRESS 6247 Brookside Blvd. | |
| 23c. DATE SIGNED 5-28-53 | | 23d. LOCATION (City, town, or county) (State) Independence Mo. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-29-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY St Mary | | 24d. LOCATION (City, town, or county) (State) Independence Mo. | |
| DATE REC'D BY LOCAL REG. 5-28-53 | | REGISTRAR'S SIGNATURE H. Walding Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Shels - K.C. Mo. | | ADDRESS | |

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.....
Signature of Student Embalmer

Signed *J. P. Sheil*.....

Licensed Embalmer No. *3625*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.