S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42395

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5294 Registrar's No. 2

0 250 1

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clinton Twnp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 3 Plattsburg MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plattsburg 0 2 d-0 0
d. STREET ADDRESS (If rural, give location): 504 Maple

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Allene
c. (Last): Pearson

4. DATE OF DEATH (Month) (Day) (Year): Dec 31 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 26 1872
9. AGE (In years last birthday): 81 | If under 1 year: Months 3 Days 5 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Plattsburg MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Ditmars
13b. MOTHER'S MAIDEN NAME: Margaret Henderson
14. NAME OF HUSBAND OR WIFE: J.J. Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): X X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS W. A. Arnold
ADDRESS: Plattsburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Myocardial Failure — 2 hrs
DUE TO (c): Myocarditis — 3 Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1953, *to* Dec 31, 1953, *that I last saw the deceased alive on* Dec 7, 1953, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Shalding M.D.
23b. ADDRESS: Plattsburg Mo
23c. DATE SIGNED: Jan 1 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/2/54
24c. NAME OF CEMETERY OR CREMATORY: Log Church Cemetery
24d. LOCATION (City, town, or county) (State): Clinton Co., MO.

DATE REC'D BY LOCAL REG.: Jan 4 - 1954
REGISTRAR'S SIGNATURE: Elizabeth Seearce 441-0
25. FUNERAL DIRECTOR'S SIGNATURE: D. D. Lyon
ADDRESS: Plattsburg, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Darrell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.