

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5501**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5780** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-SALINE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-SALINE	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) SPRING GARDEN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Spring-Garden			

3. NAME OF DECEASED (Type or Print) a. (First) DIANA b. (Middle) LYNN c. (Last) PEARON			4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 30 Aug 1951	9. AGE (In years of last birthday) 2 Months 5 Days	10. IF UNDER 1 YEAR Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Play	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (State or foreign country) CALIFORNIA-Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clyde-Pearon	13b. MOTHER'S MAIDEN NAME Virginia-Farris	14. NAME OF HUSBAND OR WIFE Single
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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 Clyde-Pearon-Spring-Garden
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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		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complication following Scarlet Fever		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION. None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 050X
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) -	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **2-13, 1954**, to **2-17, 1954**, that I last saw the deceased alive on **2-15, 1954**, and that death occurred at **8:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Paul Leslie, M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 2-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 18 Feb 1954	24c. NAME OF CEMETERY OR CREMATORY MT-PLEASANT-	24d. LOCATION (City, town, or county) (State) MILLER-Co Mo
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DATE REC'D BY LOCAL REG. Feb 18 1954	REGISTRAR'S SIGNATURE Adveretta Walt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keith M. Payer Eldon Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

FEB 17 1931

MILLS
DEPT.

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. _____

P. O. Address _____

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.