

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8871**

BIRTH NO. **FILED MAR 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **975**

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 9 YEARS	c. CITY OR TOWN KANSAS CITY		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 RESEARCH HOSPITAL			e. STREET ADDRESS (If rural, give location) 39 EAST-55TH STREET		
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle)	c. (Last) PEARSON	4. DATE OF DEATH (Month) (Day) (Year) MARCH-2-1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH DEC. 13, 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Boyd		13b. MOTHER'S MAIDEN NAME MAUDE ARNOLD	14. NAME OF HUSBAND OR WIFE CECIL N. PEARSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 441-28-3269	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAUDE A. BOYD, 39 E. 55TH ST. 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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured intracranial arterial aneurysm. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 10 hrs.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X	
19a. DATE OF OPERATION 2-9-54	19b. MAJOR FINDINGS OF OPERATION for litigation, partial of rt. common carotid A.				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) m.	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 7-17, 1947 , to 3-2, 1954 , that I last saw the deceased alive on 3-2, 1954 , and that death occurred at 3:42 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Donald F. Coburn (Degree or title) Donald F. Coburn M.D.			23b. ADDRESS 411 Nichols Rd. KC 12 Mo.		23c. DATE SIGNED 3-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 4, 1954	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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.