

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19353

BIRTH NO.		REG. DIST. NO. 106		PRIMARY REG. DIST. NO. 200L		Registrar's No. 2945			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) YEARS		c. CITY OR TOWN JOPLIN		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 1217 FURNACE ST.				e. STREET ADDRESS (If rural, give location) 1217 FURNACE ST. 6498					
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle)			c. (Last) PEARSON			
4. DATE OF DEATH		(Month) JUNE		(Day) 30,		(Year) 1954			
5. SEX F	3	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 9, 1867	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING		11. BIRTHPLACE (City and State or Foreign Country) OSWEGO, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME UNK			13b. MOTHER'S MAIDEN NAME UNK			14. NAME OF HUSBAND OR WIFE RICHARD PEARSON, DEC'D			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAWRENCE RICKEY, 305 PENNSYLVANIA					
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) <i>Arteriosclerosis, Atherosclerosis, and Done</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis, Hypertension</i> DUE TO (c) <i>Yum Cardiac Enlargement</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 yrs <i>unknown</i> <i>unknown</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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 5/25, 1954, to 6/30, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>G. A. Schulte</i> (Degree or title)				23b. ADDRESS 421 Frisco Bldg, Joplin, Mo		23c. DATE SIGNED 7/2/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-3-54		24c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE <i>W. S. Janner</i> 138 <i>by Volado Lampkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 7 1954

Jasper County Health Office

County No. Number 5-23

Date Filed JUL 7 1954

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 F. M. Jones.....
Licensed Embalmer No. 2319

P. O. Address Joplin?

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.