

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1487

State File No.

FILED FEB 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 9

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) WEBB CITY	c. LENGTH OF STAY (In this place) 10A	c. CITY OR TOWN CARTERVILLE	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 JANE CHINN HOSPITAL 0		STREET ADDRESS (If rural, give location) 108 WEST MAIN 0490	

3. NAME OF DECEASED (Type or Print) a. (First) SETH	b. (Middle) EDGAR	c. (Last) PEARSON	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 21 1955
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5. SEX MALE <input type="radio"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 20, 1881	9. AGE (In years last birthday) 73	* IF UNDER 1 YEAR Months 5 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY MERCANTILE	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN CALVIN PEARSON	13b. MOTHER'S MAIDEN NAME SARAH MELISSA TATE N. DATA	14. NAME OF HUSBAND OR WIFE LEAH PEARSON
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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. 486-01-9165NOA	17. INFORMANT'S SIGNATURE OR NAME LEAH PEARSON	ADDRESS CARTERVILLE, MO
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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, ashenia, 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) Hypertension		
	ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 1-20-55, 1955, to 1-21-55, 1955, that I last saw the deceased alive on 1-21-55, 1955, and that death occurred at 8:55p m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. P. Pounce</i>	(Degree or title) D.O.	23b. ADDRESS Cartersville, Mo	23c. DATE SIGNED 1-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-24-55	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
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DATE REC'D BY LOCAL REG. 1-24-55	REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

County File Number 55-1-53
Date Filed FEB 1 1955

1757

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 *James Lewis*
Licensed Embalmer No. 456

P. O. Address *Wob. 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.