

FILED JUL 25 1955

THE DIVISION OF DEATHS
STANDARD CERTIFICATE OF DEATH

DR. LURIE 21840
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 624

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 7 DAYS	c. CITY OR TOWN SPRINGFIELD	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 ST. JOHN'S HOSPITAL		f. STREET ADDRESS (If rural, give location) 939 SOUTH AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) HARRISON b. (Middle) _____ c. (Last) PEARSON	4. DATE OF DEATH (Month) (Day) (Year) JULY 16, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 8th, 1908	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR	10b. KIND OF BUSINESS OR INDUSTRY TAXI INSPECTOR	11. BIRTHPLACE (City and State or Foreign Country) BILLINGS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME WILLIAM T. PEARSON	13b. MOTHER'S MAIDEN NAME HOPE DUCKWORTH	14. NAME OF HUSBAND OR WIFE LENA 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) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME LENA PEARSON ADDRESS SPRINGFIELD, MISSOURI
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perihepatic abscess + Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of duodenal stump (Post-gastrostomy) DUE TO (c) Acute obstructive pancreatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pneumonia, @ Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks 5410
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19a. DATE OF OPERATION About June 27, 1955	19b. MAJOR FINDINGS OF OPERATION done at St. Louis City Hospital for bleeding duodenal ulcer	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 7-9, 1955, to 7-16, 1955, that I last saw the deceased alive on 7-16, 1955, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold F. Lurie, M.D.	23b. ADDRESS 609 Cherry St. Springfield, Mo	23c. DATE SIGNED 7-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 19, 1955	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 7-19-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN H. LOHMEYER SPRINGFIELD, MO. <i>By Gene Hunter</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1951

1951

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 Gene S. Hunter

Licensed Embalmer No. 473

P. O. Address Springfield

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.