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FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25939**

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.	c. LENGTH OF STAY (in this place) 5 weeks	c. CITY OR TOWN Fayette	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital.		STREET ADDRESS (If rural, give location) Prairie Twp. R.R. 3 0450	

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) Lewis c. (Last) Pearson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1873	9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) 82 4 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Joseph N. Pearson	13b. MOTHER'S MAIDEN NAME Mary Yarnell	14. NAME OF HUSBAND OR WIFE Bertha May Rennison
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 Mrs T. L. Pearson R.R.3 Fayette, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma	of Colon Colon A. Rectum	
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. Permanent Colostomy.		
19a. DATE OF OPERATION 1953	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum 1998		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-1**, 19**53**, to **9-4**, 19**55**, that I last saw the deceased alive on **9-4**, 1955, and that death occurred at **2:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE W. Bloom M.D.	(Degree or title)	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 9-10-55
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 9/5/1955	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri

DATE REC'D BY LOCAL REG. 9-10-55	REGISTRAR'S SIGNATURE Mary K. Shell 436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

SFP 20 1956

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 *Ralph A. Carr*.....
Licensed Embalmer No. *33*.....

P. O. Address *Fayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.