

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22671

FILED AUG 15 1956

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>USA Adaire</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) IN HOSPITAL <u>Grim-Smith</u>			Length of stay in 1b HOSPITAL <u>2 hrs</u>		d. STREET ADDRESS (If outside, give location) <u>Leisure Acres</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u></u> Last <u>Pearson</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>10</u> Year <u>1956</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2/6/1932</u>		9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Muscataine, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Roy R. Pearson</u>				14. MOTHER'S MAIDEN NAME <u>Ona Fritz</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT <u>Roy R. Pearson, Muscatine, Iowa</u>			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <u>Crushed chest, Internal injuries</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u></u>		DUE TO (c) <u></u>		8234		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							32	
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Car failed to make turn driving headon into embakment.</u>					
20c. TIME OF INJURY Hour <u>1030</u> p. m. <u>8-4-56</u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-way 136</u>		20f. CITY, TOWN, OR LOCATION <u>Glenwood</u>		COUNTY <u>Schuyler</u>		STATE <u>Mo</u>
21. I attended the deceased from <u>12:50 AM</u> to <u></u> and last saw her <u>him</u> alive on <u></u> Death occurred at <u>12:50 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Robert B. Harris</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>Kirksville, Mo.</u>			22c. DATE SIGNED <u>8-10-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 13, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		23d. LOCATION (City, town, or county) (State) <u>Muscataine, Iowa</u>			
24. FUNERAL DIRECTOR <u>Davis & Davis</u> ADDRESS <u>Kirksville</u>			25. DATE RECD. BY LOCAL REG. <u>8-10-56</u>		26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			

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1 AUG 22 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 *Robert B. Davis*

Licensed Embalmer No. *42*

P. O. Address *Kirkville*

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