

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43659

State File No.

FILED DEC 18 1956

10704

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

| | | | |
|--|--|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>2 months</u> | c. CITY OR TOWN <u>Paducah</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5130 Highland Ave.</u> | | e. STREET ADDRESS (If rural, give location) <u>2901 Vaughn 2 10 11</u> | |

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|-------------------------------------|-------------------------------|-----------------------------|--------------------|------------------|-------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>MAMIE</u> | b. (Middle) <u>CARROLL</u> | c. (Last) <u>PEARSON</u> | Month <u>11</u> | Day <u>20</u> | Year <u>56</u> |

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|-------------------------|----------------------------------|--|---|--|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>MARCH 15, 1880</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-------------------------|----------------------------------|--|---|--|--|--|

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|---|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>CAMDEN, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>HENRY CARROLL</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>William PEARSON</u> | |
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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) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Doye Allen</u> | | ADDRESS <u>5130 Highland</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> | | | | <u>2 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 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. | | | | | | | |

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|------------------------------|--|---|--|---|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 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) <u>3324</u> | |
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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? _____ |
|--|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from 2 PM - 11/19, 1956, to 11/20, 1956, that I last saw the deceased alive on 11/20, 1956 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

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|--|--|-------------------|--|-------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE <u>L. J. Taylor MD</u> | | (Degree or title) | | 23b. ADDRESS <u>3136 Chautau</u> | | 23c. DATE SIGNED <u>10/21/56</u> | |
|--|--|-------------------|--|-------------------------------------|--|-------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>11-23-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE Cem. PADUCAH,</u> | 24d. LOCATION (City, town, or county) (State) <u>Ky.</u> |
|---|------------------------------|--|---|

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|--|---|--|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>NOV 23 1956</u> | REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u> | ADDRESS <u>4247 W. Katadie</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *H. Claude Gordon*

Licensed Embalmer No. *346*

P. O. Address *45-75-6*

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.