

STANDARD CERTIFICATE OF DEATH

State File No. 12874

FILED MAY 3 - 1957

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY OR TOWN Trenton	c. LENGTH OF STAY (in this place) 8 Days	c. CITY OR TOWN Laredo	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 Collers Hospital		e. STREET ADDRESS (If rural, give location) 0400	

3. NAME OF DECEASED (Type or Print) a. (First) Cornelia	b. (Middle) O	c. (Last) Pearson	4. DATE OF DEATH (Month) (Day) (Year) April 4 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6 1878	9. AGE (in years if under 1 year last birthday) (Months) (Days) (Hours) (Min.) 78 8 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Alpha Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George McCoy	13b. MOTHER'S MAIDEN NAME Margaret Jones	14. NAME OF HUSBAND OR WIFE Jess H. 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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearson	ADDRESS Laredo 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Aneurysm of lungs		
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) Laredo Missouri
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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 March 31, 1957, to April 4, 1957, that I last saw the deceased alive on April 3, 1957, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. J. Robertson	(Degree or title) J. Pearson M.D.	23b. ADDRESS	23c. DATE SIGNED 4/4/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 6 1957	24c. NAME OF CEMETERY OR CREMATORY Alpha Cemetery	24d. LOCATION (City, town, or county) (State) Laredo Missouri
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DATE REC'D BY LOCAL REG. 4-6-57	REGISTRAR'S SIGNATURE Irene Fair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Robertson Funeral Home - Laredo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1150

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 *J. M. Robertson*.....

Licensed Embalmer No. *4388*.....

P. O. Address *Laredo*.....

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.