Health, Welfare Public Service

300 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

McCay.

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 022056 STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b 31

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville 6180 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1617 E 18th st — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle WILLIS Last PEARSON

4. DATE OF DEATH Month June Day 21 Year 1957

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept 9 1888

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 9 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) De Canter Co. Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harvey Pearson

14. MOTHER'S MAIDEN NAME Mary Jane Macklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT Address Grace V. Pearson Caruthersville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE 6/21/57

21. I attended the deceased from 6/21/56, to _____ and last saw her/him alive on 6/21/57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Warren R. McCormick

22b. ADDRESS Caruthersville Mo.

22c. DATE SIGNED 7/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 23 1957

23c. NAME OF CEMETERY OR CREMATORY Little Prairie

23d. LOCATION (City, town, or county) Caruthersville (State) Mo.

24. FUNERAL DIRECTOR Noel C Dean — ADDRESS Caruthersville Mo.

25. DATE RECD. BY LOCAL REG. 7-10-57

26. REGISTRAR'S SIGNATURE John H. German

6-0

(Licensed Embalmer's Statement on Reverse Side)

7-184-57

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Noel C. Sion

Licensed Embalmer No. 39

P. O. Address Caruthers

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.