

FILED FEB 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-006143  
STATE FILE NUMBERRegistration District No. 155 Primary Registration District No. 3127 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CARTHAGE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JANE CHINN</u>		Length of stay in 1b <u>4 WKS.</u>	d. STREET ADDRESS (If outside, give location) <u>RED # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>EMMA PEDERSEN</u>			4. DATE OF DEATH Month Day Year <u>FEB 18 1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 17, 1893</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (City and state or country) <u>COPENHAGEN, DENMARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MARTIN OLSON</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA</u>		13c. NAME OF HUSBAND OR WIFE <u>PETER (DECD)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>MRS. MILTON TORBERSON, JOPLIN</u>	
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>Medullary Paralysis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Cerebral Thrombosis</u>					<u>45 Days</u>
DUE TO (c) <u>Arteriosclerosis</u>					<u>Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>			
20c. TIME OF INJURY Hour Month, Day, Year o.m. <u>None</u> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY STATE
21. I attended the deceased from <u>2-3-57</u> to <u>2-18-58</u> and last saw her alive on <u>2-18-58</u> Death occurred at <u>112 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. E. Stephens D.O.</u> (Degree or title)			22b. ADDRESS <u>211 W. 20th, Joplin, Mo.</u>		22c. DATE SIGNED <u>2-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL FEB 21, 1958</u>		23b. DATE <u>OSBORNE MEM.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>JOPLIN</u>		23d. LOCATION (City, town, or county) (State) <u>MO</u>
24. FUNERAL DIRECTOR <u>Harold Glover, Joplin</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-21-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 58-2-186  
Date Filed Feb 25 1958

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 Paul Gerr .....

Licensed Embalmer No. 4593 .....

P. O. Address Joplin .....

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.