

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010122

STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1559

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.			Length of stay in lb 34 yrs.		d. STREET ADDRESS (If outside, give location) 6618 INDIAN AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE JOHANNA PEARSON				4. DATE OF DEATH Month Day Year MAR - 23 - 1958					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 10 - 1887		9. AGE (In years from birthday) 70		F UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER.			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) JOLIET, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ANTON OHLSSON			13b. MOTHER'S MAIDEN NAME ANNIE LARSON			14. NAME OF HUSBAND OR WIFE JOHN P. PEARSON			
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. 487-05-4039		17. INFORMANT JOHN PEARSON		Address 6618 INDIAN AVENUE, KANSAS CITY, MISSOURI			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Malignant Chronic Hypertension					several years		
		DUE TO (c) Obesity					445x years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Unconscious most of 9 days before death.							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.) none							
20c. TIME OF INJURY Hour Month, Day, Year none									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION none		COUNTY STATE			
21. I attended the deceased from 3-16-58 to 3-23-58 and last saw her alive on 3-23-58 Death occurred at 11:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J. Harvey Jennett, Jr. D.				22b. ADDRESS 1500 Professional Bldg. Kansas City Mo			22c. DATE SIGNED 3-24-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-25-58	23c. NAME OF CEMETERY OR CREMATORY OAKWOOD CEM.		23d. LOCATION (City, town, or county) (State) JOLIET, ILLINOIS				
24. FUNERAL DIRECTOR D.W. Newcomers Sons - 1931 BRUSH CREEK KANSAS CITY, MO			25. DATE RECD. BY LOCAL REG. 3-25-58		26. REGISTRAR'S SIGNATURE Neva Marshall				

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
J. Harvey Jennett



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 *Ed Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City*

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.