

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029351

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Independence</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	b. CITY OR TOWN <i>Independence</i> 7005 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>1420 So. Liberty</i>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Eva</i> Middle <i>T.</i> Last <i>Pearson</i>			4. DATE OF DEATH Month <i>Aug</i> Day <i>26</i> Year <i>1958</i>	
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 24, 1895</i>	9. AGE (In years, last birthday) <i>63</i> IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Bowersville, Iowa, U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Frank Herne</i>	13b. MOTHER'S MAIDEN NAME <i>Ida L. Crane</i>	14. NAME OF HUSBAND OR WIFE <i>Nels Pearson</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Nels Pearson</i> Address <i>Indep, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic adenocarcinoma of gall bladder so liver + abd.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <i>1551</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input 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.)	20f. CITY, TOWN, OR LOCATION <i>1551</i>	COUNTY	STATE
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21. I attended the deceased from <i>2-3-58</i> to <i>8-26-58</i> and last saw her <i>him</i> alive on <i>8-26-58</i> Death occurred at <i>8:15</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Vance E. Link, M.D.</i> Drs. Grabske & Link	22b. ADDRESS <i>10901 Winner, Independence, Mo.</i>	22c. DATE SIGNED <i>8-26-58</i>
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23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23a. DATE <i>Aug 28, 58</i>	23b. NAME OF CEMETERY OR CREMATORY <i>Moundstone</i>	23c. LOCATION (City, town, or county) (State) <i>Independence, Mo.</i>
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24. FUNERAL DIRECTOR <i>Poland H. Speaks</i>	ADDRESS <i>Indep</i>	25. DATE RECD. BY LOCAL REG. <i>8-28-58</i>	26. REGISTRAR'S SIGNATURE <i>James S. Craig</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Roland R. Feaks* .....  
Licensed Embalmer No. *3604* .....  
P. O. Address *Indef Mo* .....

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.