

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029517

STATE FILE NUMBER

FILED AUG 26 1958

Registration District No.

171

Primary Registration District No.

5639

Registrar's No.

45

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Odessa Mo</i>		c. CITY OR TOWN <i>Independence</i>	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>Dead on W 90 highway</i>		d. STREET ADDRESS (If outside, give location) <i>1603 No. Kiger Rd.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Hazel Beaurrice Alberson</i>		4. DATE OF DEATH Month Day Year <i>8-19-58</i>	
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>2-19-1924</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Beauty Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Powder Box</i>	9. AGE (In years last birthday) <i>34</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <i>John Bentley Pearson</i>		11b. MOTHER'S MAIDEN NAME <i>Lillian Bell Young</i>	
11c. NAME OF HUSBAND OR WIFE <i>James A. Alberson</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
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>Mrs Percy Jumpers Carlisle Pa.</i>	
17. INFORMANT <i>Mrs Percy Jumpers Carlisle Pa.</i>		Address	
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>Compensated & shall</i> <i>Crushing injury to chest</i> <i>thrown from car</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Died instantly</i>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) <i>Motor car collision on W 90 highway</i> <i>1 1/2 miles east of Odessa Mo</i>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <i>054</i>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>W 90 highway</i>		20f. CITY, TOWN, OR LOCATION <i>Odessa Lafayette Mo</i>	
21. I attended the deceased from Death occurred at <i>9:58 PM</i>		and last saw her alive on <i>8-19-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>W Martin</i>		22b. ADDRESS <i>Odessa Mo</i>	
22c. DATE SIGNED <i>8-21-58</i>		22d. DATE	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug 22, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Missouri</i>	
24. FUNERAL DIRECTOR <i>Sheil General Home K. C. Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>8-22-1958</i>	
26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 10 1958

SEP 10 1958

SEP 18 1958

SEP 18 1958

1958

SEP 28 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 Ernest H. Husman

Licensed Embalmer No. 7541

P. O. Address Albany, N.Y.

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.