

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001471
STATE FILE NUMBER

JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 235

300
1-57

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"/>	f. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.		Length of stay in 1b 557 RS	d. STREET ADDRESS (If outside, give location) 5201 EAST 28 th ST.

3. NAME OF DECEASED (Type or print) First Middle Last BERTHA L. PEARSON			4. DATE OF DEATH Month Day Year JAN. 10-1959			
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 AUG. 3-1903	9. AGE (In years less birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORDER DEPT.		10b. KIND OF BUSINESS OR Co. MONTGOMERY WARD	11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME MARVIN HARTNESS		13b. MOTHER'S MAIDEN NAME WAUNETA HANLEY		14. NAME OF HUSBAND OR WIFE GEORGE H. 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. 486-10-9976	17. INFORMANT Address GEORGE H. PEARSON, 5201 E-28 K.C. Mo.		

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>Acute Coronary Occlusion & Infarction</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>4 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Hypertensive Grades Vasculer Disease</i>		
		DUE TO (c) <i>Coronary Occlusion Aug 1955</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Occlusion Aug 1955</i>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

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 COUNTY STATE
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21. I attended the deceased from *Aug 1955* to *Jan 10-59*, and last saw her alive on *Jan 10-59*.
Death occurred at *4:20 P.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>P. A. Kienberger</i>	(Degree or title) 7	22b. ADDRESS <i>5246 St John</i>	22c. DATE SIGNED <i>1-13-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JAN-13-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. MORIAH CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, Mo.</i>
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24. FUNERAL DIRECTOR <i>D.W. NEWCOMERS</i>	ADDRESS <i>1331 BUSH CREEK BLVD</i>	25. DATE RECD. BY LOCAL REG. <i>1-13-59</i>	26. REGISTRAR'S SIGNATURE <i>new minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P.A. Kienberger

All diseases in Part I must be causally related.

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 *Thomas W. Pearson*

Licensed Embalmer No.
P. O. Address

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.