

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009665

FILED APR 2 1959

Registration District No. 149 Primary Registration District No. 1002

STATE FILE NUMBER REGISTRAR'S NO. 1457

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Watson Nursing Home: 25yr.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 25yr.		8. STREET ADDRESS (If outside, give location) 4006 Paese	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last PEARL R. SMITH			4. DATE OF DEATH Month Day Year March 18, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1886
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Carrolton, Ga.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Henry Burton Reagin		13b. MOTHER'S MAIDEN NAME Fannie Lucille (Unk.)	14. NAME OF HUSBAND OR WIFE Peter
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. None	17. INFORMANT Address Watson Nursing Home - 101 E. 36th St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis PRIMARY Carcinoma of Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 3-1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 mo 6 years
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
21. I attended the deceased from 1-20-59 to 3-18-59 and last saw her/him alive on 3-18-59 Death occurred at 25012 m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Frank Paul Laurenzana MD		21b. ADDRESS 428 S. white ave	21c. DATE SIGNED 3-19-59
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 3-19-59	23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Pikesville, Md.
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 1800 Linwood		25. DATE RECD. BY LOCAL REG. 3-19-59	26. REGISTRAR'S SIGNATURE Neva Marshall

Frank Paul Laurenzana MD USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

*Dr. Farnsworth
Emergency - 4700
N. W. 11th St. - 4000
Hazen*

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 *Melvin Barton*

Licensed Embalmer No. 4903

P. O. Address KC 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.