

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018076

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 231

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 INDEPENDENCE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR BAPT. CONVOLESENT INSTITUTION		Length of stay in lb Hm. 5 yrs	STREET ADDRESS (If outside, give location) 2728 Park
3. NAME OF DECEASED (Type or print) PEARL C. THOMASON		4. DATE OF DEATH Month Day Year May 17, 1959	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1877
9. AGE (In years last birthday) 82 yrs		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	11. BIRTHPLACE (City and state or country) Frankfort, Ky.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Caldwell	
13b. MOTHER'S MAIDEN NAME Esther Tivis		14. NAME OF HUSBAND OR WIFE	
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. 515-10-2311	17. INFORMANT Peter O. Thomason
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 cardiac decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Cerebral hemorrhage</i>	
DUE TO (c) <i>Generalized arteriosclerosis</i>		<i>3-4 wks.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		<i>Years</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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.)	
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 <i>Oct. 31, 1956</i> to <i>May 17, 1959</i> and last saw her alive on <i>May 16, 1959</i> Death occurred at <i>1:15</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Loathy M. Watkins, M.D.</i>		22b. ADDRESS <i>809 W. Lexington, Independence, Mo.</i>	22c. DATE SIGNED <i>5/18/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-18-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ft. Scott</i>	23d. LOCATION (City, town, or county) (State) <i>Ft. Scott, Kansas</i>
24. FUNERAL DIRECTOR <i>Watkins Bros. Funeral Home 18th & Benton</i>		25. DATE RECD. BY LOCAL REG. <i>5-18-59</i>	26. REGISTRAR'S SIGNATURE <i>Queen Tracy</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 27 1959

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 *Fred P. Jackson*

Licensed Embalmer No. *4500*
P. O. Address *18th & Be*

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.