

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021617

STATE FILE NUMBER

FILED JUL 8 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2968

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Luth. Hosp.</b>		Length of stay in lb <b>50 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>1334 Askew</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Ada</b> Middle <b>A</b> Last <b>Pearson</b>			4. DATE OF DEATH Month <b>June</b> Day <b>16</b> Year <b>1959</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 9, 1883</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Millford, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>RICHARD J. TAYLOR</b>	13b. MOTHER'S MAIDEN NAME <b>ABI HIGGINS</b>	14. NAME OF HUSBAND OR WIFE <b>CLARENCE E. PEARSON</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>CLARENCE PEARSON</b>	Address <b>6801 GLEN WOOD OVERLAND PARK Mo.</b>
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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) <b>Ruptured heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Old infarct in heart muscle</b>	<b>1 yr</b>
	DUE TO (c) <b>arterio sclerosis</b>	<b>10 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>no</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>1955</b> to <b>6/16/59</b> and last saw her alive on <b>6/16/59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>James A. Pearson M.D.</b> (Degree and title)	22b. ADDRESS <b>907 Reade Bldg</b>	22c. DATE SIGNED <b>6/17/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>JUNE 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT MORIAH</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b> (State)
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24. FUNERAL DIRECTOR <b>D. W. Newcomers Sons Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-18-59</b>	26. REGISTRAR'S SIGNATURE <b>new minchall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

James A. Pearson

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 Roan F. Fuller .....

Licensed Embalmer No. 4818 .....

P. O. Address Kansas City .....

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.