

**I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS AUG 21 1959

**59-029260**

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 3881 STATE FILE NUMBER

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) <b>Kansas City</b>		Length of stay in 1b <b>35 years</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3231 Prospect Avenue Hazelwood Nursing Home</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1018 East 75th Way</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lorena Nancy Jane Pearson</b>				4. DATE OF DEATH Month Day Year <b>August 7 1959</b>			
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>11/12/1872</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Oak Grove, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry V.P. Kabriok</b>			13b. MOTHER'S MAIDEN NAME <b>Frances George</b>		14. NAME OF HUSBAND OR WIFE <b>James Theodore Pearson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>494-12-9668</b>		17. INFORMANT Address <b>Paul George 6126 South Benton Kansas City Missouri</b>			
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>Right lower lobe pneumonia</b> DUE TO (b) <b>Generalized coxsis</b> DUE TO (c) <b>Senile degenerative changes</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Oct 1948</b> to <b>August 7, 1959</b> and first saw him alive on <b>August 6, 1959</b> Death occurred at <b>4:40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>L.M. Shapiro M.D.</b>				22b. ADDRESS <b>701 Olive St. Suite 201</b>		22c. DATE SIGNED <b>8-8-59</b>	
23a. BURIAL REMOVAL, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/10/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>8-10-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

DOCUMENT

BY AFFIDAVIT OF M. SHAPIRO MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. [Signature]

Licensed Embalmer No. 488

P. O. Address St. C., [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.