

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002193

FILED VS FBR 2 1960 155

Primary Registration District No. 5578 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI ; b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Twp.		Length of stay in 1b 5 MOS.	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1402 REX		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1522 OHIO
3. NAME OF DECEASED (Type or print) First ELLA Middle PEARSON Last PEARSON		4. DATE OF DEATH Month JAN Day 25 Year 1960	
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 24 OCT 1872
9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE HOLD		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) LAWRENCE KAN.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME W. EVANS	13b. MOTHER'S MAIDEN NAME ADELINE SCHOCKLEY
14. NAME OF HUSBAND OR WIFE W.A. PEARSON (DECEASED)		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. —
17. INFORMANT MRS. GEORGE MILLER, JOPLIN, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure DUE TO (b) Inanition and Debilitation DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 Day 5 Months Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour None am. None pm. None	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 8-19-59 to 11-5-59 and last saw her ^{her} live ^{alive} on 11-5-59 Death occurred at 315 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Stephens D.O. (Degree or title)		22b. ADDRESS 211 West 20th St., Joplin, Missouri.	22c. DATE SIGNED 1-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 28 JAN 1960	23c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEM.	23d. LOCATION (City, town, or county) (State) WEBB CITY Mo
24. FUNERAL DIRECTOR Hurlbut Glover, Joplin	25. DATE RECD. BY LOCAL REG. 1-27-60	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Dale Glone

Licensed Embalmer No. 459

P. O. Address Joplin

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