URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007548

STATE FILE NUMBER

FILED VS FEB 29 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 84

ENDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 615 W. 2nd Home of Nieceital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 615 West 2nd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NANCY Middle EMMA Last PEARSON

4. DATE OF DEATH: Month February Day 20, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 11, 1869
9. AGE (last birthday): 91 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Terre Haute, Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Talley
13b. MOTHER'S MAIDEN NAME: Elizabeth Vance
14. NAME OF HUSBAND OR WIFE: H. Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Mrs. Forrest Hood, Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Myocardial insufficiency — 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza — 1 week
DUE TO (c): Arteriosclerotic Heart Disease — 6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Blindness 18 years with bedfastness 6 months.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 15 February 1960 to 20 February '60 and last saw her alive on 15 February 1960
Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley D Fisher MD
22b. ADDRESS: 500 W. 16th Sedalia, Missouri
22c. DATE SIGNED: 22 Feb '60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: Greenton Cemetery
23d. LOCATION (City, town, or county) (State): Odessa, Mo.

24. FUNERAL DIRECTOR ADDRESS: D.W. Heckart - Gillespie Funeral Home, Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 23 1960
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed Richard D. Conn
Signature of Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Sedalia, Mo

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