

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019570

FILED VS. MAY 24 1960 149

Primary Registration District No. 1002 Registrar's No.

2561

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Length of stay in 1b 20 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2923 Walnut , Apt. 4			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2923 Walnut, Apt. 4,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edwin Middle Alfred Last Pearson				4. DATE OF DEATH Month May Day 6, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Decorator			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Osage City, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Andrew Pierson			13b. MOTHER'S MAIDEN NAME Elizabeth Johnson		14. NAME OF HUSBAND OR WIFE Edna B. Pearson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II			16. SOCIAL SECURITY NO. 511-03-1559		17. INFORMANT Address Edna B. Pearson, Kansas City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema, marked						INTERVAL BETWEEN ONSET AND DEATH Years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic bronchitis and bronchial asthma						Years	
DUE TO (c)							
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 June 14, 1954 to May 6, 1960 and last saw him alive on May 4, 1960 Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.				22b. ADDRESS 4800 East 24th Street		22c. DATE SIGNED 5-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-10-1960		23c. NAME OF CEMETERY OR CREMATORY Osage City Cemetery		23d. LOCATION (City, town, or county) (State) Osage City, Kansas	
24. FUNERAL DIRECTOR St. Line & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. May 9-1960		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

R. S. Long

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 William M. Jura

Licensed Embalmer No. 467

P. O. Address Kansas City

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.