

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002578

FILED IN FEB 9 1961

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 10

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in lb <u>5 Days</u>		c. CITY OR TOWN <u>Wheatland</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Big Springs Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		g. STREET ADDRESS (If outside, give location) <u>12 Miles North of Wheatland</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Charley</u> Middle <u>Pearson</u> Last <u>Pearson</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>14</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 13-91</u>		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Wheatland, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joseph E. Pearson</u>				13b. MOTHER'S MAIDEN NAME <u>Louicy Belle Hollingsworth</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>				16. SOCIAL SECURITY NO. <u>498-28-2265</u>		17. INFORMANT <u>Holley Pearson - Wheatland, Mo</u> Address							
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) <u>Myocardial Failure</u>										<u>mo</u>			
DUE TO (b) <u>Myocardial Weakness</u>										<u>mo</u>			
DUE TO (c) <u>Arteriosclerosis - Paralysis general</u>										<u>mo</u>			
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1960</u> to <u>Jan 14, 61</u> and last saw ^{her} him alive on <u>Jan 14, 61</u> Death occurred at <u>5 o'clock</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>A. R. Easton M.D.</u> (Degree or title)						22b. ADDRESS <u>Wheatland, Mo</u>			22c. DATE SIGNED <u>Jan. 1960</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan 17-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dosley Bend Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo.</u>						
24. FUNERAL DIRECTOR <u>Robert Hathaway - Wheatland, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan 30, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>					

FEB 24 1961

JUN 7 1961

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 Char. Gilbert Atkinson

Licensed Embalmer No. 4267

P.O. Address W. Northland, Md.

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.