

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037427

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 170

STATE FILE NUMBER

FILED NOV 7 1961

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twsp. Length of stay in 1b 1 Mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Joplin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1503 Valley Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Oliver Middle L. Last Pearson 4. DATE OF DEATH Month October Day 27 Year 1961
 5. SEX M 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-25-1885 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - maintenance Eng. 10b. KIND OF BUSINESS OR INDUSTRY Spiva Bldg. 11. BIRTHPLACE (City and state or country) Springfield, Mo. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Pearson 13b. MOTHER'S MAIDEN NAME Katy Wollard 14. NAME OF HUSBAND OR WIFE Dec'd Cora C. Pearson, 4-9-1960
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Bro-in-law Address Clarence H. Cheatum, 436 N. Main, Joplin, 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) Pneumonia - terminal INTERVAL BETWEEN ONSET AND DEATH 92 hrs
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Accelerated thrombosis of heart

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. 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 Sept. 10, 1961 to Oct. 25, 1961 and last saw him alive on Oct. 25, 1961
 Death occurred at 2 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lauria H. Ferguson M.D. 22b. ADDRESS 201 Medical Arts, Joplin, Mo. 22c. DATE SIGNED 10/27, 61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10-29-61 23c. NAME OF CEMETERY OR CREMATORY Lowell Cemetery, 23d. LOCATION (City, town, or county) (State) Lowell, Kansas
 24. FUNERAL DIRECTOR Steve Parker Mortuary, ADDRESS 1502 Joplin St. Joplin, Mo. 25. DATE RECD. BY LOCAL REG. 10-29-61 26. REGISTRAR'S SIGNATURE Mrs. Madeline Surtz

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.