

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045998

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1395

FILED DEC 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117
20410

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94200

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1293-0

131-0

DATE AMENDED
2/4/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
2/7/81 & 81

ITEM NO. SHOULD READ
8 & 9 2/7/1886 & 76

DOCUMENT Child's birth record

BY AFFIDAVIT OF Husband
C. Smith, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 8 months	c. CITY OR TOWN Cainsville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Bessie Middle Lena Last Pearson		4. DATE OF DEATH Month Dec. Day 13 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1886
9. AGE (last birthday) 81 76		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Harrison County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Shaw (deceased)	
13b. MOTHER'S MAIDEN NAME Elizabeth Pitzell		14. NAME OF HUSBAND OR WIFE Fred Pearson	
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. no	17. INFORMANT State Hospital Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) General Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 20 days 0/8 months
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 Month, Day, Year a.m. p.m.	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 April 6, 1962 to Dec. 13, 1962 and last saw her alive on Dec. 12, 1962. Death occurred at 7:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ceston Smith M.D.		22b. ADDRESS State Hospital #2	22c. DATE SIGNED 12-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/13/1962	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Cainsville Missouri
24. FUNERAL DIRECTOR Neston-Brown - St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 14, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell

USE BLACK INK OR TYPEWRITER RIBBON

DEC 21 1962

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 Eugene Wood

Licensed Embalmer No. 3804
P. O. Address 319 So 16th St, H. J. [unclear]

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.

V. [unclear]
-h
[unclear]