No. 300
10.48

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3605

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Jackson
c. LENGTH OF STAY (in this place): lfe
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pollock, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Pollock, MO.
d. STREET ADDRESS (If rural, give location): Pollock, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Catherine
c. (Last): Pearson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Apr. 28, 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sullivan, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Morley
13b. MOTHER'S MAIDEN NAME: Rebecca Barnett
14. NAME OF HUSBAND OR WIFE: William Henry Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no, (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Melvin C. Pearson, Pollock, Mol

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic glomerulonephritis
DUE TO (c) 592X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Deafness & blind except perception of light

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1949, *to* 1-19, 1950, *that I last saw the deceased alive on* 1-18, 1950, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. McDonald DO2
23b. ADDRESS: Unionville, Mo.
23c. DATE SIGNED: 1-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: Jan. 20, 1050
24c. NAME OF CEMETERY OR CREMATORY: Scobee Cem
24d. LOCATION (City, town, or county) (State): Pollock, Mo.

DATE REC'D BY LOCAL REG.: 2-3-50
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 6 1950
District Health Officer No.
District File Number 2-50-2
FEB 6 195
Date Filed

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 .....
Student Embalmer

Signed Murl E Hustead

Licensed Embalmer No. 3304

P. O. Address Unionville, 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 this body is not embalmed, fact should be so stated above.