

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 3 1950

State File No. **19447**

| | | | | |
|---|--|--|------------------------------------|---|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | PRIMARY REG. DIST. NO. 1000 | Registrar's No. 760 |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | |
| c. LENGTH OF STAY (in this place) 27 years | | d. STREET ADDRESS (If rural, give location) 2723 Patee | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2723 Patee Street | | 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1950 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) R. c. (Last) Pearson | | 5. SEX male 6. COLOR OR RACE white | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH May 13, 1879 | | |
| 9. AGE (In years last birthday) 71 | | 10. KIND OF BUSINESS OR INDUSTRY Truck Driver | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | | 11. BIRTHPLACE (State or foreign country) Hawkins County, Tennessee | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Walter Pearson | | 13b. MOTHER'S MAIDEN NAME Deppha Walters | | 14. NAME OF HUSBAND OR WIFE Priscilla Pearson |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT'S SIGNATURE OR NAME Priscilla Pearson ADDRESS 2723 Patee St. |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer stomach liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephrositis DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - | | INTERVAL BETWEEN ONSET AND DEATH Two Year not sure 157.A |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) ✓ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from June 1, 1950 , to June 23, 1950 , that I last saw the deceased alive on June 23, 1950 , and that death occurred at 8:25P m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Collin Ramsey M.D. (Degree or title) | | 23b. ADDRESS North Main St. St. Joseph, Mo. | | 23c. DATE SIGNED June 24 50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/26/1950 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park |
| 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter Pearson ADDRESS St. Joseph, Mo. | | |
| DATE REC'D BY LOCAL REG. June 27, 1950 | | REGISTRAR'S SIGNATURE E. B. Jenkins 382 | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

W. Kennedy

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 *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 So 10th St. Jay, W.*.....

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.