

FILED APR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9224

590

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

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5699 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avalon</u>	c. LENGTH OF STAY (In this place) <u>6:15</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avalon</u>	D <u>590</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Avalon, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Home, Avalon, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>FRANKLYN</u> c. (Last) <u>PEARSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March, 20, 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 28, 1884</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Operator</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edgar Chastee Pearson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Pearson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nellie Pearson, Avalon, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis died</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> <u>eye</u> <u>instantly</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/201</u>	
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 <u>Jan 1, 1945</u> to <u>March 20, 1951</u> , that I last saw the deceased alive on <u>March 14, 1951</u> , and that death occurred <u>on March 20, 1951</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H. M. Russell, Coroner</u>		23b. ADDRESS <u>3 Chellivotte Rd</u>	23c. DATE SIGNED <u>3/21/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/22/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Avalon</u>	24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>3/22/51</u>	REGISTRAR'S SIGNATURE <u>Frances D. Neallo</u>	71	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin</u>
		ADDRESS <u>TINA, Mo.</u>	



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.....

Clyford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, 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.