

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13020

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town/ship) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City <u>0492</u>	
c. LENGTH OF STAY (in this place) 9 Years		d. STREET ADDRESS (If rural, give location) 306 S. Main St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 S. Main St			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) D c. (Last) Pearson	4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 15, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 5	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bellville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Pearson	13b. MOTHER'S MAIDEN NAME Mary Jane Willis	14. NAME OF HUSBAND OR WIFE Mrs. Edna Pearson
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Pearson	ADDRESS 306 S. Main, Webb City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 30 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic pericarditis DUE TO (c) cause unknown.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 416X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-18, 1949, to April 20, 1951, that I last saw the deceased alive on April 19, 1951, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Edna Pearson</i>	(Degree or title) Wife	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 4/21/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-22-51	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
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DATE REC'D BY LOCAL REG. Apr 21-51	REGISTRAR'S SIGNATURE <i>J. L. Hutchins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Johnston</i>	ADDRESS Arnce Simpson, Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

192

RECEIVED 4-24-51

Jasper County Health Office

County File Number 51/4/347

Date Filed 4-24-51

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Jack E Simpson*

Signed.....
Student Embalmer

Licensed Embalmer No. *46647*

P. O. Address *Webb City, 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.