

No. 300  
v. 10.48  
FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29848

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 109

0272

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Dobsonville</u>		c. CITY OR TOWN <u>New Franklin mo.</u>	
c. LENGTH OF STAY (in this place) <u>1 wk.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>CREWS</u> c. (Last) <u>PEARSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 29, 1869</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>81</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Enoch Crews</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Maxwell</u>	14. NAME OF HUSBAND OR WIFE <u>Malcom A. Pearson</u>
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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)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth K. Moore</u> ADDRESS <u>New Franklin</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> <u>10 year</u> <u>10 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of L Hip trochant.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lymphatic Leukemia</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	21. ALPHABETIC INDEX NO. <u>E9030</u> <u>20</u>
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21a. ACCIDENT SURVEILLANCE MONICHSBE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Franklin Howard mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 13 1951 9 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on Floor</u>
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22. I hereby certify that I attended the deceased from Aug 6, 1951, to Sept 2, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Chamberlain M.D.</u>	23b. ADDRESS <u>New Franklin mo</u>	23c. DATE SIGNED <u>9-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-51</u>	REGISTRAR'S SIGNATURE <u>E. Hooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. D. Munson</u> ADDRESS <u>New Franklin</u>
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RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-17-51 \_\_\_\_\_

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed L. L. Hall \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3515 \_\_\_\_\_

P. O. Address New Franklin 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.