

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37501
4965

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4965</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>7 Days</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4108 Norledge</u>							
3. NAME OF DECEASED (Type or Print) <u>OLIVER</u>		a. (First)		b. (Middle) <u>BENTON</u>		c. (Last) <u>PEARSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 18 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 13, 1888</u>		9. AGE (In years last birthday) (Months) (Days) <u>63</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper (ret)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Armour & Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Humboldt, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Oliver Pearson</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pens</u>			14. NAME OF HUSBAND OR WIFE <u>Alice R. Lee Pearson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>338-05-8068</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Pearson</u>					ADDRESS <u>4108 Norledge K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vasculardis</u>				<u>Years.</u>			
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</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) (m.)		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>Oct. 20, 1951</u> , to <u>Nov. 18, 1951</u> , that I last saw the deceased alive on <u>Nov. 17, 1951</u> , and that death occurred at <u>12:48 P. M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Jesse D. Rising</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>1100 Grand, K.C., Mo.</u>			23c. DATE SIGNED <u>Nov. 18, 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Nov. 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer's Sons</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>11-20-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Long</u>			ADDRESS <u>KCKans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chas. H. Rider*.....

Licensed Embalmer No. *3484*.....

P. O. Address *7837 10 140/K*.....

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.

2003