

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022408
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Township Nap. Gov. Yds <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Gashland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri River		Length of stay in 1b 3 days		d. STREET ADDRESS Rt.2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN WALTER PEARSON First Middle Last			4. DATE OF DEATH June 29, 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1900	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Co.		11. BIRTHPLACE (City and state or country) Wellsville, Kansas / U.S.A.	
13. FATHER'S NAME Thomas Garrett Pearson			14. MOTHER'S MAIDEN NAME Alma Bingham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Theda Wightman Pearson Rt. 2 Address Gashland, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning in Missouri River on 6-29-58 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) a few miles up stream from Napoleon Mo DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9298 42					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Accidental drowning		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 6-29-58 p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Missouri River		20f. CITY, TOWN, OR LOCATION Oricks 089 Ray Mo	
21. I attended the deceased from after death to on 7-1-58 and last saw her/him never Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M Martin M Coroner (Degree or title)			22b. ADDRESS Odessa Mo		22c. DATE SIGNED 7-2-58
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE July 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Fair Lawn		23d. LOCATION (City, town, or county) (State) Liberty, Missouri
24. FUNERAL DIRECTOR J. C. Sheppard ADDRESS Ashton Mo.			25. DATE RECD. BY LOCAL REG. July 3, 1958		26. REGISTRAR'S SIGNATURE Emma Davidson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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Health,
Welfare
Public
Service

All

Wellington (Licensed Embalmer's Statement on Reverse Side)

JUL 18 1958

AUG 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Blair Shppard*.....

Licensed Embalmer No. *417*

P. O. Address *Wellington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.