

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027323

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7447

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>VIENNA</u> ⁰⁶³⁰
c. FULL NAME OF (If NOT in hospital, give location) <u>30</u> HOSPITAL OR VET ADM HOSPITAL INSTITUTION		Length of stay in lb <u>79</u> DAYS	d. STREET ADDRESS (If outside, give location) <u>31</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>COLUMBUS C PEARSON</u>			4. DATE OF DEATH Month Day Year <u>7-29-58</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-27-95</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRADER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>VAN CLEVE MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>CHARLES M PEARSON</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH WEST</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL PEARSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>VA HOS P RECORDS 915 N GRAND ST LOUIS MOL</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED CARCINOMATOSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>1992</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from <u>7 VA</u> <u>5-1-58</u> to <u>7-29-58</u> and last saw <u>him</u> live on <u>7-29-58</u> Death occurred at <u>1:23 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Robert M. Hoppe M.D.</u> (Degree or title)	
22b. ADDRESS <u>VAH. ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>7-29-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-29-58</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or country) (State) <u>Vienna, Mo.</u>
24. FUNERAL DIRECTOR <u>Albert H. Hoppe 4700 Washington, Blvd.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JUL 30 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>mgs</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
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *37491*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.