

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027943

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pike Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 1030		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At His Home,			Length of stay in 1b 23 years	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle David Last Pearson,				4. DATE OF DEATH Month May Day 29 Year 58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-18-1874		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 3 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming,	10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City, and state or country) Lamar, Ark,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lue Pearson,				14. MOTHER'S MAIDEN NAME Beckey Rodgers,			
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. None		17. INFORMANT Address Mrs Lewis Finley, Bloomfield, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 331X							INTERVAL BETWEEN ONSET AND DEATH 3 mo. years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart Disease							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 12:20 Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from March, 58 to May 58 and last saw him alive on May 27 . Death occurred at 12:20 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Stephen Baker M.D.				22b. ADDRESS Bloomfield, Mo		22c. DATE SIGNED 5-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE May 31, 1958	23c. NAME OF CEMETERY OR CREMATORY Holman Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Ark,		
24. FUNERAL DIRECTOR ADDRESS Coz Shetty, Bell City, Mo.			25. DATE RECD. BY LOCAL REG. 5/30/58		26. REGISTRAR'S SIGNATURE Bernice Moore		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service 30 300 1-56
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.
35

AUG 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. J. Schuman*
Licensed Embalmer No. 40

P. O. Address *Ma...*

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.