

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 10 1959

59-040292

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5693

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay in 1b 33 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1614 Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALICE Middle J. Last PEARSOL				4. DATE OF DEATH Month 11 Day 24 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-4-84	9. AGE (last birthday) 65 75	IF UNDER 1 YEAR Months 7 Days 5	IF UNDER 24 HR Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Erie, Pennsylvania		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Mordica Pearsol			13b. MOTHER'S MAIDEN NAME Sarah Cumming		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Records: Jackson County Welfare			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Pulmonary edema						1 1/2 hrs	
DUE TO (b) Congestive heart failure						1 1/2 hrs	
DUE TO (c) Arteriosclerotic Ht disease							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction - Oct 1952						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 6:45 a.m. p.m.	Month, Day, Year Sept 18 1942		20f. CITY, TOWN, OR LOCATION Kansas City, Mo COUNTY STATE				
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.)					
21. I attended the deceased from Sept 18 1942 to Nov 24 1959 and last saw her alive on Nov 5 1959 Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W H Goodson Jr M.D. (Degree or title)				22b. ADDRESS 730 P. St Kansas City 6 Mo			22c. DATE SIGNED 11/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-59	23c. NAME OF CEMETERY OR CREMATORY Mount Saint Mary's		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES (W) K.C., MO.				25. DATE RECD. BY LOCAL REG. 11-25-59	26. REGISTRAR'S SIGNATURE Neva Marshall		

DOCUMENT

BY AFFIDAVIT OF **W. H. Goodson, Jr. M.D.** MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student-Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Weibert

Licensed Embalmer No. 4075
P. O. Address K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.