

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

60-000747  
STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5296 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HARDIN TWP.</b>		Length of stay in 1b		c. CITY OR TOWN <b>HARDIN TWP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. F. D. PLATTSBURG</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. F. D. PLATTSBURG</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>RAY</b> Middle <b>C</b> Last <b>PEARSON</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>6</b> Year <b>1960</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-1-1895</b>		9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Plattsburg Missouri</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Oliver Pearson</b>				13b. MOTHER'S MAIDEN NAME <b>Nettie Jane Pearson</b>				14. NAME OF HUSBAND OR WIFE <b>MRS Ethel Pearson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>491-42-1105</b>		17. INFORMANT <b>Mrs. Ethel Pearson</b>		Address <b>Plattsburg, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Feb 6, 1960</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 a.m. p.m.		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 <b>Feb 6 1960 at time of death</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Feb 6 1960</b> Death occurred at <b>8:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>						22b. ADDRESS <b>Smithville, Missouri</b>			22c. DATE SIGNED <b>Feb 8, 1960</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2-8-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>				23d. LOCATION (City, town, or county) (State) <b>Plattsburg Missouri</b>					
24. FUNERAL DIRECTOR <b>Lyon Funeral Home</b> ADDRESS <b>Plattsburg Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>2-8-1960</b>		26. REGISTRAR'S SIGNATURE <b>Mary W Pearce</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

*Frederic E. Cox*

Licensed Embalmer No. 4992

P. O. Address Clarksburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.

FEB 20