

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035391

FILED VS. OCT. 4 1960 383

Primary Registration District No. 5655 Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Length of stay in 1b 91 days	c. CITY OR TOWN Grovespring		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 Dwight Middle Pearson Last Pearson			4. DATE OF DEATH Month Sept. Day 26, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12-26-16	9. AGE (last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not known		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Grovespring, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Arvin Pearson			13b. MOTHER'S MAIDEN NAME Audrey Gordon		14. NAME OF HUSBAND OR WIFE	
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. Not known	17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, 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) Carcinoma of esophagus					INTERVAL BETWEEN ONSET AND DEATH approx. 8 months	
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) Pulmonary tuberculosis Far Advanced, Active					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 June 27, 1960 to Sept. 26, 1960 and last saw him alive on Sept. 26, 1960 Death occurred at 2:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>P. Hellweg M.D.</i> (Degree or title)			22b. ADDRESS Mt. Vernon, Mo.		22c. DATE SIGNED 9-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-26-1960	23c. NAME OF CEMETERY OR CREMATORY BRAMHALL		23d. LOCATION (City, town, or county) WRIGHT CO MO		(State)
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD			ADDRESS	25. DATE RECD. BY LOCAL REG. 9-28-60	26. REGISTRAR'S SIGNATURE <i>H. L. Fowell</i>	

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 George Stapp

Licensed Embalmer No. 316

P. O. Address W. Stapp

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.