

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006894

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 749

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in lb <u>5 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		d. STREET ADDRESS (if outside, give location) <u>3119 PEERY</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>HOWARD ALBERT PEARSALL</u>			4. DATE OF DEATH Month Day Year <u>FEBRUARY 1 - 1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</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>7-25-1914</u>	9. AGE (last birthday) <u>48 YEARS</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DEAN CATAPILLAR CO.</u>		11. BIRTHPLACE (City and state or country) <u>MARION KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>RAY PEARSALL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BAJENSKI</u>	14. NAME OF HUSBAND OR WIFE <u>VELTA PEARSALL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address <u>5 MRS. L.W. GREER - 13605 E. 91st ST. INDEP. MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per part. I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Acute Tracheobronchitis Acute Pulmonary Edema</u> Interval between ONSET AND DEATH <u>12 hrs</u> DUE TO (b) <u>Background of Chronic pulmonary Emphysema</u> <u>3-4 years</u> DUE TO (c) _____	
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 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.)
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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
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21. I attended the deceased from 1960 to Febr 1 '63 and last saw her/him alive on about 2 mo ago
Death occurred at about 8 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>William M. Korth MD</u>	22b. ADDRESS <u>612 Professional Bldg</u>	22c. DATE SIGNED <u>2-2-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>FEB. 5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>TOPEKA, KANSAS</u>
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24. FUNERAL DIRECTOR ADDRESS <u>MUEHLEBACH 6800 TROOST</u>	25. DATE RECD. BY LOCAL REG. <u>2-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF William M. Korth, M.D.

VS 300 Rev. 4/59

DATE AMENDED

ITEM NO.

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231882

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Dr. North
Sh. Joe Hoop,

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 L. Linder

Licensed Embalmer No.

5103

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.

121

9-23