

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035535

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 374

STATE FILE NUMBER

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b 2 days	c. CITY OR TOWN LINN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas E. Still Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD No. 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edward Middle Newton Last Pearon			4. DATE OF DEATH Month October Day 1 Year 1963		
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 3/27/79	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 6 Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Near Linn, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Newton Pearon		13b. MOTHER'S MAIDEN NAME Lydia Bircher		14. NAME OF HUSBAND OR WIFE Ethel Hammock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Earl N. Pearon . Linn, 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) Toxemia		INTERVAL BETWEEN ONSET AND DEATH 72 hrs
DUE TO (b) tetanus		
DUE TO (c) Burns left foot 1st, 2nd + 3rd degree		
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 9-10-63 to 10-1-63 and last saw ^{her} him alive on 10-1-63 Death occurred at 9 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas W. Saldun D.O.		22b. ADDRESS Linn	22c. DATE SIGNED 10-1-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/5/1963	23c. NAME OF CEMETERY OR CREMATORY Lane Cemetery	23d. LOCATION (City, town, or county) (State) Linn, Mo. RFD Mo.

24. FUNERAL DIRECTOR Clayde Morton ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. 2 October 1963	26. REGISTRAR'S SIGNATURE Thomas E. Richter
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

10269

20760

3

4 **0**

5 **3**

6

7 **0**

8 **2**

9 **9169m**

10 **40**

11 **076**

12 **1-2**

13 **30**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

