

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14479

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township..... Primary Registration District No. 3008 Registered No. 102
 (c) City Fulton, mo (d) Street No. State Hospital #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. // mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 0 Randolph county St. Missouri
 (Usual place of home, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

13. NAME Frank Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

15. MAIDEN NAME Delia Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ash Cemetery DATE 4/9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home
Maebach mo

20. FILED 4/7 1940 R. M. Crews
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to April 7, 1940.
 I last saw h. in alive on April 7, 1940. Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (at)

Date of onset
4/5/40

Other contributory causes of importance:

Cerebral arteriosclerosis
hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) John J. Blasko, M. D.
 (Address) Fulton, mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.