No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5803

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6003 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence R R # 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): R R # 4

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Laurel Verne Pierce

4. DATE OF DEATH (Month) (Day) (Year): 2/ 19/1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 5,1925
9. AGE (In years last birthday): 23 — If under 1 year: Months 10, Days 24 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): Spencerburg Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Archie F.Pierce
13b. MOTHER'S MAIDEN NAME: Cora Marie Ford
14. NAME OF HUSBAND OR WIFE: Margie Clarkson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488 28 2218
17. INFORMANT'S SIGNATURE OR NAME: Mrs.Levi Rinker
ADDRESS: Hannibal Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteomyelitis of rt leg Embolism Heart

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Epilepsy Grand Mal

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1948, *to* Feb 18, 1949, *that I last saw the deceased alive on* Feb 11, 1949, *and that death occurred at* about 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.D. Kerkman
(Degree or title): MD
23b. ADDRESS: 1001 Broadway Hannibal Mo
23c. DATE SIGNED: 1-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 2-21-49
REGISTRAR'S SIGNATURE: N. R. Waters
2.68
0
25. FUNERAL DIRECTOR'S SIGNATURE: W. Crawford Smith
ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 2-49
Date Filed FEB 23 1949

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.

Signed _____
Student Embalmer

Signed John S. Ward
Licensed Embalmer No. 4540
P. O. Address Hannibal Missouri

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, fact should be so stated above.