

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 17 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Hudson)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		3. <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakelien Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>314 Butler St. 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Pierceall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1-1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 25 1891</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Macon, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William B. White's</u>		13b. MOTHER'S MAIDEN NAME <u>Jane E. Stuplin</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Pierceall</u> ADDRESS <u>Macon</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES			<u>2-19-49</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arterio sclerosis</u>			<u>unknown</u>
		DUE TO (c) <u>Hypertension</u>			<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS		<u>Pulmonary Tuberculosis in a chronic</u>			<u>unknown</u>

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>4001</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from 5-24, 1947 to 3-1, 1949, that I last saw the deceased alive on 2-1, 1949, and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0 M.D.</u>		23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>3-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Macon</u>	
DATE REC'D BY LOCAL REG. <u>3-10-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		5	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—30

RECEIVED

District Health Officer No.

District File Number 3-49

Date Filed MAR 16 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.

Student .....  
Student Embalmer

Signed C. L. Stephens

Licensed Embalmer No. 2057

P. O. Address Macon, 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 this body is not embalmed, fact should be so stated above.