

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16423**

FILED JUN 6 1949

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 424 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurdland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurdland	
c. LENGTH OF STAY (in this place) 12 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Ira	b. (Middle)	c. (Last) Pierce	4. DATE OF DEATH (Month) (Day) (Year) April 3 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 23 1854	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Isaac Pierce	13b. MOTHER'S MAIDEN NAME Elizabeth Thomas	14. NAME OF HUSBAND OR WIFE Jennie James
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Maude Powers	ADDRESS Hurdland Mo.
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 45-01
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1949, to April 3, 1949, that I last saw the deceased alive on April 3, 1949, and that death occurred at 7:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. W. Kleber M.D. J. Hurdland Mo. Dr. 7/49	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/5 1949	24c. NAME OF CEMETERY OR CREMATORY Rock Creek
		24d. LOCATION (City, town, or county) (State) 2 1/2 mi. E. Hurdland, Mo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE W. S. Hunsolt	25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. Casley Jr.	ADDRESS Hurdland, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Geo. B. Easley Jr.

Licensed Embalmer No. *3755*

P. O. Address.....

Hurdland W.

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.