

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18568

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5071 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NASHVILLE TWSP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NASHVILLE TWSP	
c. LENGTH OF STAY (in this place) 70 YRS			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) ANN	c. (Last) PIERCE	4. DATE OF DEATH (Month) (Day) (Year)
				JUNE 14 1949

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOVEMBER 5, 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) POINT PLEASANT, W. VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.Y. STAATS	13b. MOTHER'S MAIDEN NAME MATTIE STAATS	14. NAME OF HUSBAND OR WIFE FRANK A. PIERCE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) ***	16. SOCIAL SECURITY NO. ***	17. INFORMANT'S SIGNATURE OR NAME FRANK A. PIERCE	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Stenosis		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)
		0 0 0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
0 0 0		

22. I hereby certify that I attended the deceased from 6/14 1949 to 6/14, 1949, that I last saw the deceased alive on 0, 190, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. G. Eddleman M.D.	23b. ADDRESS Liberal Mo.	23c. DATE SIGNED 6-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-16-49	24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY	24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI
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DATE REC'D BY LOCAL REG. JUN 16 1949	REGISTRAR'S SIGNATURE Mary Konantz	25. FUNERAL DIRECTOR'S SIGNATURE 14 ADDRESS KONANTZ FUNERAL HOME LAMAR, MO.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number 649-719

Date Filed 6-20-49

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 _____

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed *Walter J. Konantz*
Student Embalmer

Signed

Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.