No. 300
10-48

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

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Martin

State File No. 32880

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 305

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 904 S. First St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
d. STREET ADDRESS (If rural, give location): 904 S. First St.

3. NAME OF DECEASED (Type or Print)
a. (First): WELCOME
b. (Middle): GRAY
c. (Last): PIERCE

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 12, 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 6, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.Road Worker
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Sidney, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Amasa Pierce
13b. MOTHER'S MAIDEN NAME: Elizabeth Watkins
14. NAME OF HUSBAND OR WIFE: Dinah Eliza Pierce

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Iran Pierce — ADDRESS: 904 S. 1st St. Kirksville, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Asthma — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Sept 20, 1949, *to* Oct 2, 1949 *that I last saw the deceased alive on* Oct 2, 1949, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Martin (Degree or title) M.D.
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 10/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-49
24c. NAME OF CEMETERY OR CREMATORY: Green City Cemetery
24d. LOCATION (City, town, or county) (State): Green City, Mo.

DATE REC'D BY LOCAL REG.: 10-8-49
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Davis Funeral Home — ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 7 1949

RECEIVED OCT 18 1949
District Health Officer No. 10
District File Number 10-49-182
Date Filed OCT 18 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 Clarence M. Billo

Signed .....
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.