

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34103

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 328 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 34 yrs		d. STREET ADDRESS (If rural, give location) 1122 Cedar	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1122 Cedar St.		e. STREET ADDRESS 1122 Cedar	
3. NAME OF DECEASED (Type or Print) a. (First) LUCY		b. (Middle) JANE	
		c. (Last) PIERCE	
		4. DATE OF DEATH (Month) (Day) (Year) October 24, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH December 31, 1899
9. AGE (In years last birthday) 49		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) DeSoto, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME	
		13b. MOTHER'S MAIDEN NAME	
		14. NAME OF HUSBAND OR WIFE James M. Pierce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME James L. Pierce		ADDRESS 1122 Cedar, Carthage	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis, Chronic</i> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <i>4 or 5 hrs</i>  <i>42 22</i>	
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) (Min.)	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 <i>10-24-49</i> to <i>10-24, 1949</i> , that I last saw the deceased alive on <i>10-24, 1949</i> , and that death occurred at <i>11:55</i> P.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED <i>10-25-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Powers Cemetery	24d. LOCATION (City, town, or county) (State) Newton County, Mo.
DATE REC'D BY LOCAL REG. <i>10-26-49</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Knell Mortuary Carthage, Mo.

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

49-3

*P. H. Ferguson* (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-31-49  
Jasper County Health Office

County File Number 49-10-815

Date Filed 11-8-49

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

*Gene H. Parrent*

Student Embalmer No. *349*

working under my personal supervision

Student *Gene H. Parrent*  
Student Embalmer

Signed *Robert H. Knell*

Licensed Embalmer No. *4459*

P. O. Address *Carthage*

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.