

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41932**

28

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

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		78	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>E 19th St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>PIERCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July-27-1894</u>
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>4</u> DAYS <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charlie Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Felts</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Pierce</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Pierce</u> ADDRESS <u>Caruthersville, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm of thoracic aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>subacute</u> 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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
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 <u>March 1, 1949</u> , to <u>Dec 14, 1949</u> , that I last saw the deceased alive on <u>Dec 13, 1949</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. Oesterlin M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo</u>	
23c. DATE SIGNED <u>12/17/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>		DATE REC'D BY LOCAL REG. <u>Dec 17, 1949</u>	
REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Under Caruthersville</u>	

12-49-363

JAN 21 1950

JAN 19 1950

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 Noel C. Deane.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3941.....

P. O. Address Courtsville, 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.