

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8936
1248

| | | | | | | | |
|---|--|--|-------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1248</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>3 5 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | d. STREET ADDRESS (If rural, give location) <u>7812 MAIN STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7812 MAIN STREET</u> | | | | d. STREET ADDRESS <u>7812 MAIN STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> | | | b. (Middle) _____ | | | c. (Last) <u>PIERCE</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-14-1950</u> | | 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>DEC-6-1882</u> | | 9. AGE (In years last birthday) <u>67 YEARS</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY --- | |
| 11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>ALLEN B. MOBERLY</u> | | 13b. MOTHER'S MAIDEN NAME <u>Schoolfield</u> 13c. NAME OF HUSBAND OR WIFE <u>WILLIAM J. C. PIERCE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-07-1887</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM J. C. PIERCE</u> ADDRESS <u>7812 MAIN STREET KANSAS CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Perhaps</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> | | | | <u>a few</u> | | | |
| DUE TO (c) <u>Over exertion</u> | | | | <u>min.</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <u>May 5, 1945</u> , to <u>Mar 6, 1950</u> , that I last saw the deceased alive on <u>Mar 6, 1950</u> , and that death occurred at <u>1:30 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Roy H. Anderson</u> (Degree or title) | | | | 23b. ADDRESS <u>7449 Broadway</u> | | 23c. DATE SIGNED <u>3/15-50</u> | |
| 24a. BILIBIAL CREMATION (REMOVED) (Specify) | | 24b. DATE <u>MAR-16-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>NORTH CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KEARNEY MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>3-16-50</u> | | REGISTRAR'S SIGNATURE <u>Stearling Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u> ADDRESS <u>1531 BRUSH CREEK KANSAS CITY MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

ORIGINAL
5-11-11

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address. K. L. & Mer.

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.