

S. No. 300
V. 10.48

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26370

BIRTH NO. 481602-50 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>DeWitt</u>	
b. CITY OR TOWN <u>Winstons Rural Colfax</u>		c. CITY OR TOWN <u>Winstons Rural Colfax</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0310</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> b. (Middle) <u>Dale</u> c. (Last) <u>Pierce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-14-50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Aug 3-1950</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR: MONTHS <u>11</u> DAYS <u>11</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Bascom Pierce</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Mae Heldenbrand</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Maude Kenneth Sandy Cameron, Mo</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital deformity - c-spine - Bifida</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>751X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 8-13-50, to 8-14-50, that I last saw the deceased alive on 8-13-50, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank K. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>Winstons Mo</u>	23c. DATE SIGNED <u>8-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winstons</u>	24d. LOCATION (City, town, or county) (State) <u>Winstons Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-24-50</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> 390	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kate Shoup</u> ADDRESS <u>Winstons Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2751
0



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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *L. D. Richesson*

Licensed Embalmer No. *3397*

P. O. Address *Gallatin, 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.