

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

37463

State File No. ....

**FILED DEC 5 1950**

BIRTH NO. 74876-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 534

No. 300  
10.48  
0455  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> <u>1495</u>	
c. LENGTH OF STAY (in this place) <u>2 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>632 Pearl Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>		b. (Middle) <u>Mary</u>	
		c. (Last) <u>PIERCE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>November 27, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>November 27, 1950</u>
		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>David A. Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Joyce Daugherty</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>David Pierce</u> ADDRESS <u>632 Pearl Joplin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature birth</u>	
		INTERVAL BETWEEN ONSET AND DEATH	
		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.	
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)		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>11-27</u> , 19 <u>50</u> , to <u>11-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-27</u> , 19 <u>50</u> , and that death occurred at <u>3:40 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>211 Union Blvd</u>	
		23c. DATE SIGNED <u>11-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28, 1950</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-28-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 138	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED / 2-4-50  
Jasper County Health Office

County File Number 50-11-881

Date Filed 12-4-50

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**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 William E. Suddleston

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin 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.