

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43365**BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **4521** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOUSTON PINEY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOUSTON	
c. LENGTH OF STAY (in this place) 9 YRS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) JOSEPH JEFFERSON PIERCE			4. DATE OF DEATH (Month) (Day) (Year) 12-31-50		
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 30-1863		9. AGE (In years less birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TENN. 1	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JIM PIERCE		13b. MOTHER'S MAIDEN NAME ELIZABETH TOYER		14. NAME OF HUSBAND OR WIFE IYA MAE PIERCE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IYA MAE PIERCE HOUSTON	

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, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture hip			3 days
		DUE TO (c) Hypertension, Paralytic agitans, Emphysema, arthritis, Rheumatoid arthritis			
		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"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Houston Texas Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-28-50 6a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell getting out of bed	

22. I hereby certify that I attended the deceased from **12-28**, 19**50**, to **12-30**, 19**50**, that I last saw the deceased alive on **12-30**, 19**50**, and that death occurred at **4:10a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott G. Kramer M.D.			23b. ADDRESS Houston, Mo		23c. DATE SIGNED 1-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN-2-51	24c. NAME OF CEMETERY OR OBITUARY BOONE CREEK		24d. LOCATION (City, town, or county) (State) TEXAS CO MO	

DATE REC'D BY LOCAL REG. Jan 8-51	REGISTRAR'S SIGNATURE Myrtle Craig 327		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaylord V. Elliott Houston		
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 12 1938

Dist. File 1-13-21-

Date Filed 1-13-37

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.

Student _____
Student Embalmer

Signed _____

Frank E. Wood

Licensed Embalmer No. _____

4026

P. O. Address _____

Houston, 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.