

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE A 114</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN HOSPITAL</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>W</u>		c. (Last) <u>PIERCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 27 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 8, 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 24 HRS. Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CALLAWAY COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JOHN C. PIERCE</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH</u>		14. NAME OF HUSBAND OR WIFE <u>BEOLA 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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr Paul Pierce, Attorney, Ill</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>Cerebral Hemorrhage</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) <u>Hypertensive Cardiac Vascul. Disease</u>						<u>Several Yrs.</u>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X</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.) <u>X</u>		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 <u>Jan 24, 1952</u> , to <u>Jan 27, 1952</u> , that I last saw the deceased alive on <u>Jan 27, 1952</u> , and that death occurred at <u>6:40 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harry J. O'Brien M.D.</u>				23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>2-12-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Auxvasse Mo.</u>				
DATE REC'D BY LOCAL REG <u>Feb 12-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hughes Maupin Co. Auxvasse</u>					

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

043
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JUN 12 1952

Dr. O'Brien

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 Wm. A. Stewart

Licensed Embalmer No. 3222

P. O. Address Fulton 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.