No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5689

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 4302 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula
c. LENGTH OF STAY (In this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula. 0590 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) Lee c. (Last) Pierce

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 29 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 0, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Rental Farm
11. BIRTHPLACE (State or foreign country): Lafayette Indiana 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Richard C Pierce
13b. MOTHER'S MAIDEN NAME: Sarah Ann Lee
14. NAME OF HUSBAND OR WIFE: Addie Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Olive Pierce — ADDRESS: Chula Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — 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) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Arteriosclerosis — 13 yrs; Cerebral hemorrhage — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* Feb 24, 1952, *that I last saw the deceased alive on* Feb 24, 1952 *and that death occurred at* 12 40 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G W Carpenter M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/29/1952
24c. NAME OF CEMETERY OR CREMATORY: Brown Cemetery
24d. LOCATION (City, town, or county): Gallatin (State): Mo

DATE REC'D BY LOCAL REG.: 2-28-52
REGISTRAR'S SIGNATURE: Frances B. Neill 171-2
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Robertson — ADDRESS: Funeral Home Chula

(Licensed Embalmer's Statement on Reverse Side)

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

1:30

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 J M Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.