

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4493 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo 1010	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edward c. (Last) Pierce			4. DATE OF DEATH (Month) (Day) (Year) Mch 10 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28 1887	9. AGE (In years last birthday) 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and State or Foreign Country) Oregon County Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME J.H. Pierce		13b. MOTHER'S MAIDEN NAME Liza Thomas	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Helen 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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle Dean Birch Tree Mo ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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)			
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)		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 June 1951 , to March 10, 1952 , that I last saw the deceased alive on March 9, 1952 , and that death occurred at 7 a. m. , from the causes and on the date stated above.					

23a. SIGNATURE R.D. Davis (Degree or title) M.D.		23b. ADDRESS Birch Tree		23c. DATE SIGNED 4/10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Birch Tree		24b. DATE Mch 12 -52		24c. NAME OF CEMETERY OR CREMATORY Oak Forrest Cem	
24d. LOCATION (City, town, or county) (State) Birch Tree, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo ADDRESS			

DATE REC'D BY LOCAL REG. 4/12/52		REGISTRAR'S SIGNATURE Malcolm Bell 447		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

10
1

STATEMENT BY LICENSED EMBALMER

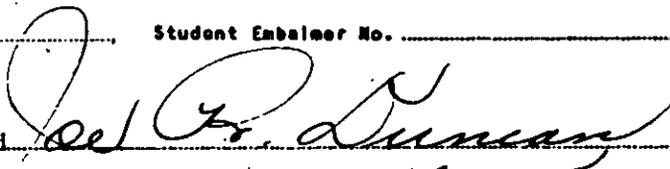
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4325

P. O. Address W. View St.

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.