

FILED MAY 26 1952

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15664**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 528

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Police station		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>0117</u>	
		d. STREET ADDRESS (If rural, give location) 1523 Seymour St. <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) CLIFFORD	b. (Middle) G	c. (Last) PIERSON	4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>3</u>	8. DATE OF BIRTH Nov. 17, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Various	11. BIRTHPLACE (State or foreign country) Agency, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Lafet Pierson	13b. MOTHER'S MAIDEN NAME Margaret Thompson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. 487-09-1955	17. INFORMANT'S SIGNATURE OR NAME Edith Schubert	ADDRESS 1523 seymour St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man had been drinking</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholic Liquor to Excess</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased viewed on 5/3/52, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H F Mundy M.D. (Coroner)</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>5/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>1</u>	24b. DATE May 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan Co. Missouri
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DATE REC'D BY LOCAL REG. May 21, 1952	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark</u>	ADDRESS 10 Illinois Ave.
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Earl A. Clark

Signed.....
Student Embalmer

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph Me.*

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.