

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29898**  
Registrar's No. **7447**

AUG 23 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>2</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Boonville</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>930 6th St. #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>			
3. NAME OF DECEASED a. (First) <b>CLARA</b> b. (Middle) <b>JEAN</b> c. (Last) <b>PIERCEALL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 3 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>July 14, 1925</b>
9. AGE (In years last birthday) <b>27</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenographer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Booneville, Mo.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Clarence E. Pierceall</b>		13b. MOTHER'S MAIDEN NAME <b>Blanche Dean</b>	14. NAME OF HUSBAND OR WIFE <b>Donald Hayes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clarence E. Pierceall, Booneville, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cepticemia- multiple decubiti</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8/2/52</b>
*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) <b>ẽ ling infarcts</b> DUE TO (c) <b>Prolonged insulin coma</b>			<b>6/12/52</b>
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 checked="" type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>260X</b>	
22. I hereby certify that I attended the deceased from <b>Jan. 26, 1952</b> , to <b>Aug 3, 1952</b> , that I last saw the deceased alive on <b>Aug 3, 1952</b> , and that death occurred at <b>11:18a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Clarence E. Pierceall M.D.</b>		23b. ADDRESS <b>5400 Arsenal st.</b>	23c. DATE SIGNED <b>8/3/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-4-52</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Booneville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>AUG 4 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	

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

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

*John J. Harvie*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 700*

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.