

FILED DEC 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41737

52

5783

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Cape County.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Cape</u>			
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>73 yrs</u>		c. CITY OR TOWN <u>Rural</u>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles east of Jackson</u>				d. STREET ADDRESS (If rural, give location) <u>4 miles East of Jackson</u>			
3. NAME OF DECEASED a. (First) <u>Jesse</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Pierce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1952</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3, 1879</u>		9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Rural Jackson, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte J. Brooks</u>		14. NAME OF HUSBAND OR WIFE <u>Della McFain Pierce</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carol Pierce Jackson Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
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) <u>260 X</u>			
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 _____ 18 <u>79</u> , to <u>Dec 8, 1952</u> , that I last saw the deceased alive on <u>Dec 20, 1952</u> , and that death occurred at <u>9:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. L. DeBarth</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>12-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old McHendree</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Gir. County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 11-52</u>		REGISTRAR'S SIGNATURE <u>A. E. Luber</u> 43-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Crace</u> ADDRESS <u>Jackson Mo</u>			

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 Gene C. Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.