

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42614**

FILED JAN 12 1953 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 588

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> <u>0495</u>	
c. LENGTH OF STAY (In this place) <u>23 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2016 Pearl Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2016 Pearl Street</u>			

3. NAME OF DECEASED (Type or Print) <u>MARGARET ERIMA DAVIDSON PIERCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 16, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Granby, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Levi Black</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Collins</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Woreen Bass</u>	ADDRESS <u>2016 Pearl, Joplin Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive + arterio-sclerotic cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 3 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
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 <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 from 9-18-1950 to 12-20-1952, that I last saw the deceased alive on 19 and that death occurred at 9:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Hamilton MD</u> (Degree or title)	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>1-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec. 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dudman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 mi West of Sarcoxie Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-8-53</u>	REGISTRAR'S SIGNATURE <u>Ed O. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary</u>	ADDRESS <u>Joplin Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

495

No. 300
10-48

RECEIVED 1-9-53
Jasper County Health Office

County File Number 53/1/32

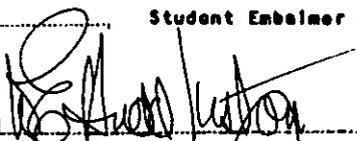
Date Filed 1-9-53

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. _____

Student _____
Student Embalmer

Signed  _____

Licensed Embalmer No. 1770

P. O. Address Joplin, 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.