

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. SCHWARTZ  
13893  
State File No.

No. 300  
10-48

396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 4 1953 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 418

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN THAYER 0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) a. (First) DOYNE b. (Middle) DUDLEY c. (Last) PIERCE		4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 31 1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY STUDENT	11. BIRTHPLACE (City and State or Foreign Country) MAMMOTH SPRINGS, ARK. /
13a. FATHER'S NAME ATHA DOYNE PIERCE		13b. MOTHER'S MAIDEN NAME MARGUERETE STEWART	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ATHA PIERCE THAYER, MISSOURI	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compound comminuted fracture left arm DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 4-23-53		19b. MAJOR FINDINGS OF OPERATION: Fracture non-union	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Thayer Oregon Missouri	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 3 1953 - m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall from shed.	
22. I hereby certify that I attended the deceased from April 23 1953, to April 24, 1953, and that death occurred at 8:40 P.M., from the causes and on the date stated above.			
23a. SIGNATURE E.J. Schwartz, M.D., (Degree or title)		23b. ADDRESS 609 Cherry, Springfield, Mo.	23c. DATE SIGNED 4-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4/25/53	24c. NAME OF CEMETERY OR CREMATORY -----	24d. LOCATION (City, town, or county) (State) THAYER, MISSOURI
DATE REC'D BY LOCAL REG. 4/29/53	REGISTRAR'S SIGNATURE Deputy Registrar East Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.	

**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

*Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.