

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17324**

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5198** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Trotter Twp		c. LENGTH OF STAY (In this place) 5 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Trotter Twp		d. STREET ADDRESS (If rural, give location) Trotter Twp 0170	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trotter Twp			
3. NAME OF DECEASED (Type or Print) a. (First) Joel b. (Middle) G c. (Last) Pierson		4. DATE OF DEATH (Month) (Day) (Year) May 11 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1881
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Sweden
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Jenny Virginia Pierson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME James Pierson		ADDRESS Carrollton, Mo	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Cancer ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer 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		19b. MAJOR FINDINGS OF OPERATION 157x	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 1, 1953 , to May 10, 1953 that I last saw the deceased alive on May 10, 1953 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Wm. H. Stuber, M.D.		23b. ADDRESS Carrollton, Mo	
23c. DATE SIGNED May 13, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 13, 1953	
24c. NAME OF CEMETERY OR CREMATORY Trotter Cemetery		24d. LOCATION (City, town, or county) (State) Carrollton Mo	
25. DATE REC'D BY LOCAL REG. 5/13/53		REGISTRAR'S SIGNATURE 45-0 Mrs. Neelie Calver	
25. FUNERAL DIRECTOR'S SIGNATURE Stanley T. Johnson		ADDRESS Carrollton 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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Md.

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.