

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1953

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo.</u>		c. LENGTH OF STAY (In this place) <u>0264</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0</u>		d. STREET ADDRESS (If rural, give location) <u>120-Boonville Rd.</u>
3. NAME OF DECEASED (Type or Print) <u>Eddie Guy Pierson</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>Aug. 5-1953</u>			(Month)	(Day)	(Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 28-1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscaper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Highway Dept. Callaway Co. Mo</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Pierson</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Masey</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Pierson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Owens</u> ADDRESS <u>J.C. 170</u>		
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) <u>Hypertensive Cardiac Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>			5 years		
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 <u>443X</u>		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 <u>Feb 10, 1948</u> , to <u>Aug 5, 1953</u> , that I last saw the deceased alive on <u>Aug 5, 1953</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. T. Canegawa</u> (Degree or title) <u>0 M.D.</u>			23b. ADDRESS <u>1 Wallmeyer Bldg.</u>		23c. DATE SIGNED <u>8/7/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>River View</u>	24d. LOCATION (City, town, or county) (State) <u>Cole County Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 8-1953</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Anderson - Sumner</u>	ADDRESS <u>200 Jefferson</u>		

(Licensed Embalmer's Statement on Reverse Side)

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  _____

Licensed Embalmer No. 3641

P. O. Address gand

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.