

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28262**

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 497 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (in this place)		0380 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. MAPLE</u>		d. STREET ADDRESS (If rural, give location) <u>M. MAPLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Fannie</u> b. (Middle) <u>Pierce</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>whote</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 3 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Asbury Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Jane Faddis</u>	14. NAME OF HUSBAND OR WIFE <u>Lemuel Pierce Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497 -30 -52</u>	17. INFORMANT'S SIGNATURE OR NAME <u>50 Mrs. Rosalie Stein Stanberry Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction from coronary occlusion</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>unknown</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Anemia, probably due to Peptic Ulcer, Bleeding</u>		<u>11 Days</u>	<u>?</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 8-18, 1953, to 8-29, 1953, that I last saw the deceased alive on 8-29, 1953, and that death occurred at 8:29 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert R. Barlin M.D.</u>	23b. ADDRESS <u>Stanberry, Mo.</u>	23c. DATE SIGNED <u>8-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 31 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Gentry Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 1-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Willems</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Katey J. Phillips</u>	ADDRESS <u>Stanberry</u>
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WRITE PLAINLY—USING UNFADING-BLACK INK—MAKE A PERMANENT RECORD

0380

S. No. 300
10. 48

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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 Leroy F. Phillips
Licensed Embalmer No. 1898

P. O. Address Stockton, Calif.

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.