

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39765

State File No.

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY OR TOWN MONROE CITY		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural		①690	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH MAIN STREET.				d. STREET ADDRESS (If rural, give location) STOUTSVILLE RFD 1			
3. NAME OF DECEASED (Type or Print) NORBERT		a. (First) A		b. (Middle) PIERCELL		c. (Last)	
4. DATE OF DEATH NOVEMBER 13 1953		(Month) (Day) (Year)		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		8. DATE OF BIRTH AUGUST 4 1893		9. AGE (In years last birthday) 60		If UNDER 1 YEAR: Months 3 Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING (RET)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) STOUTSVILLE, Monroe, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME SAMUEL D PIERCELL		13b. MOTHER'S MAIDEN NAME ELLEN WHEELAN		14. NAME OF HUSBAND OR WIFE GARRIE PIERCELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elvie Marie Powers ADDRESS 700			
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) FRACTURE OF SKULL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) AUTOMOBILE COLLISION DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CRUSHING INJURY OF CHEST				INTERVAL BETWEEN ONSET AND DEATH INSTANT DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) 2 1/2 MI. SOUTH MAIN		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MONROE CITY, MONROE, MISSOURI		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 13 1953 5:50 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? CAR STRUCK CONCRETE CULVERT				22. I hereby certify that I attended the deceased from Nov 13, 1953 , to Nov 19, 1953 , that I last saw the deceased alive on Nov 13, 1953 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Elvie Marie Powers M.D. (Degree or title)		23b. ADDRESS Monroe City Mo		23c. DATE SIGNED Nov 16, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov 15 1953		24c. NAME OF CEMETERY OR CREMATORY ST ANDREW Cemetery		24d. LOCATION (City, town, or county) (State) STOUTSVILLE Monroe, Mo.	
DATE REC'D BY LOCAL REG. 11-17-53		REGISTRAR'S SIGNATURE Elvie Robertson 471-0		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS, MONROE CITY, MO. ADDRESS _____			

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

10031
2.000

NOV 30 1955

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.