

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 17028-54 FILED MAR 26 1954 REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 4308 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Noel</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Clinic</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Anderson</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Un-Named</u> b. (Middle) <u>(Pierce)</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-9-54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>3-9-54</u>	9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Noel, Mo.</u>	
13a. FATHER'S NAME <u>Luther Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Estick</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Luther Pierce</u>		ADDRESS <u>Anderson Mo.</u>	
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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			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete Respirator failure.</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>dementia Respiratory Cts.</u> DUE TO (c) <u>Hydrocephalus</u>			
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>752 X</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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Noel, Mo.</u>	23c. DATE SIGNED <u>3-9-54</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Pineville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-10-54</u>	REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>	423 -	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Noel, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

600

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Peunick, N.C.

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.