

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11014

State File No.

BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 367 PRIMARY REG. DIST. #587 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. LENGTH OF STAY (in this place) 3 mo	c. CITY OR TOWN St. Clair
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Katie Jan Memorial Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 0-360	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Winfield c. (Last) Pierce	4. DATE OF DEATH (Month) (Day) (Year) 3 5 54
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26, 1866
9. AGE (In years last birthday) 87	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
11. BIRTHPLACE (City and State or Foreign Country) Lonedell, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jeremiah Pierce	13b. MOTHER'S MAIDEN NAME Rebecca Jane Murphy	14. NAME OF HUSBAND OR WIFE Sarah Ann Pierce
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Manion St. Clair 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH sch
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c) with arteriosclerosis heart failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. South Limestone			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **Nov 15, 1953**, to **March 6, 1954**, that I last saw the deceased alive on **Jan 2, 1954**, and that death occurred at **7:30 p.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Donald J. Hodges M.D.	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 2-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-7-54	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Lonedell, Mo.
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DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. Lott St. Clair, MO
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(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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *B. M. Ernst*.....

Licensed Embalmer No. *3601*

P. O. Address *H. Plain*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.