

# STANDARD CERTIFICATE OF DEATH

State File No. **8831**

FILED APR 4 1955  
REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal 0</b>		c. CITY OR TOWN <b>Hannibal</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>3702 Blackhawk</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Albert C. Pierce</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>March 19, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>August 10, 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	IF UNDER 1 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shiblets Point Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Weldon Gray Pierce</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Ford</b>	14. NAME OF HUSBAND OR WIFE <b>Addie McMaine Pierce</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Homer D. Pierce, Hannibal Missouri</b>	ADDRESS <b></b>
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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 <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		Amia.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **3/19/55**, 19\_\_\_\_, that I last saw the deceased alive on **3/19/55**, 19\_\_\_\_, and that death occurred at **7:40 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard Lanning MD</b>	23b. ADDRESS <b>Hannibal, Mo</b>	23c. DATE SIGNED <b>3/23/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/23/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-30-55</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>By W.C. Fisher</b>	ADDRESS <b>Hannibal Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 1 1955  
MARION CO. HEALTH DEPT.  
DATE FILED APR 1 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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John S. Ward*  
Licensed Embalmer No....4540.

P. O. Address..Hannibal.Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.