

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12104**
1828

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Creighton	4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Creighton Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lakeside		STREET ADDRESS (If rural, give location) Creighton Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Hayden b. (Middle) M c. (Last) Pierce	4. DATE OF DEATH (Month) (Day) (Year) 4-23-55					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-31-78	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. boilermaker		10b. KIND OF BUSINESS OR INDUSTRY boilermaking		11. BIRTHPLACE (City and State or Foreign Country) Alton Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jojack Pierce	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Stella
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 513-09-2996	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delilah Buckles, daughter Kansas City Kans
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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) Coronary Thrombosis		minutes
	ANTECEDENT CAUSES DUE TO (b) Azotemia DUE TO (c) Glomerular Nephritis		7 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			593T

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 4/20/55, to 4/23/55, that I last saw the deceased alive on 4/22/55, and that death occurred at 2:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE Richard C. Shuck (Degree or title)	23b. ADDRESS 2071005 1/2 Winnebago Mo	23c. DATE SIGNED 4/25/55
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24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE 4-26-55	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Kansas City Kansas.
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DATE REC'D BY LOCAL REG. 4-25-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warnick-Custer-Kads. KCK
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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M. M. Swisher*.....

Licensed Embalmer No. *39*.....

P. O. Address *Keokuk*.....

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.