

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33089

4133

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 Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 32 Yrs.	c. CITY OR TOWN 87 Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 3537 Main Lindeman N. Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2218 East 67th. Terrace		3870	
3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) Lee c. (Last) Bierce			4. DATE OF DEATH (Month) (Day) (Year) September 22 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 21 Sept. 1879
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Gentry County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William Coffie		13b. MOTHER'S MAIDEN NAME Elizabeth Anderson	14. NAME OF HUSBAND OR WIFE W A. J. Bierce
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. 509-20-4417	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.D. Ludlow Jr. 2218 East 67th. Terrace
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 19 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic-cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221	
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.)	
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 Oct 1950 , to Sep 22 1955 , that I last saw the deceased live on 9/22 1955 , and that death occurred at 10:04 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Print or Title) Walter P. Jacob		23b. ADDRESS 701 East 63rd. St. K.C. Mo.	
23c. DATE SIGNED 9/23/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 24 Sept - 55	
24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-23-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Walter P. Jacob

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 *Joseph C. McCall*.....

Licensed Embalmer No. *4855*

P. O. Address *H. C. 71*

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.