

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40818**

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5541</u>
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 town or township) Kansas City		c. LENGTH OF STAY (in this place) 42 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		STREET ADDRESS (If rural, give location) 605 1127 Locust		
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle)	c. (Last) PIERSON	4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 22, 1870	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lawrence, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carmi Babcock		13b. MOTHER'S MAIDEN NAME ----- Gillette	14. NAME OF HUSBAND OR WIFE Elmer E. Pierson	
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 Mrs. Paul Stinson, 1301 Dunford Circle, KCMO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Branchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of rt. hip. DUE TO (c) Fall at home II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 1/2
19a. DATE OF OPERATION Dec 2, 1955		19b. MAJOR FINDINGS OF OPERATION Fracture rt. hip.		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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 1 1955 9A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall at home	
22. I hereby certify that I attended the deceased from Dec 1, 1955 , to Dec 19, 1955 , that I last saw the deceased alive on Dec 19, 1955 , and that death occurred at 10:30A. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John B. Justus M.D.		23b. ADDRESS 315 Nichols Rd. K.C.Mo.		23c. DATE SIGNED Dec. 19, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12/21/55	24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 12-20-55 Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John B. Justus

La. M. H. Berry
201 Playa Med. Bldg.

Va 1-3243

U.S. 5:00 PM

Exp 10:300

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 *J. S. Walton*.....

Licensed Embalmer No. *274*

P. O. Address *K. C. 7m*

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.