

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

703

BIRTH NO. ....		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLINTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KATHROP		d. STREET ADDRESS (If rural, give location) 0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMERON HOSP.				3. NAME OF DECEASED (First) George L. (Middle) piercy (Last) piercy			
4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1956		5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widower	
8. DATE OF BIRTH Feb. 10, 1863		9. AGE (In years last birthday) 93		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (State or foreign country) KATHROP MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN M. piercy		13b. MOTHER'S MAIDEN NAME Melvina FREDRICK	
14. NAME OF HUSBAND OR WIFE Deceased		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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leota Epple California	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 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. 331x INTERVAL BETWEEN ONSET AND DEATH 2 1/2 da.			
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) (Minute)		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 23, 1955, to Dec 31, 1955, that I last saw the deceased alive on Dec 31, 1955, and that death occurred at 2 1/2 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Spalding MD				23b. ADDRESS Plattburg, Mo		23c. DATE SIGNED Jan 25 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan 2 - 26		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) KATHROP MO.	
DATE REC'D BY LOCAL REG. 1-9-56		REGISTRAR'S SIGNATURE Winifred W. Moser 390-0		25. FUNERAL DIRECTOR'S SIGNATURE DeMoss CRUNK		ADDRESS CAMERON, MO	

(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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lawrence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, Mo*

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 this body is not embalmed, fact should be so stated above.