FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15432

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox 05 20
c. CITY OR TOWN: Baring
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 1
STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Luella
b. (Middle):
c. (Last): Pierce

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 8, 1883
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Scotland County, Mo. O
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Thomas Howe
13b. MOTHER'S MAIDEN NAME: Elizabeth Purvis
14. NAME OF HUSBAND OR WIFE: Myron Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ray Pierce, Greentop, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Sev. Weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Extensive 1-2-3rd Degree Burns - Face, R/Arm, Back — Feb 11 1956
DUE TO (c) Buttocks - Etc

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia - Fracture L. Humerus — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None 9160 052 16
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): RFD Baring - Mo. Knox Co.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-11-56 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Caught Dress on Fire From Stove

22. *I hereby certify that I attended the deceased from* Feb 11, 1956, *to* May 20, 1956, *that I last saw the deceased alive on* May 20, 1956, *and that death occurred at* 4:44 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Laughlin M.D.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 5-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/22/56
24c. NAME OF CEMETERY OR CREMATORY: Willmathsville
24d. LOCATION (City, town, or county) (State): Adair County, Mo.

DATE REC'D BY LOCAL REG.: 5-22-56
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kirksville, 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 489

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.