

No. 300  
10.48

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22890**  
Registrar's No. **844**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Stanberry</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS <b>West 2nd Street</b>	<b>0.289</b>

3. NAME OF DECEASED (Type or Print) <b>Benjamin Harrison</b>	a. (First)	b. (Middle)	c. (Last) <b>PIERCE</b>	4. DATE OF DEATH <b>August 1, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 11, 1892.</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Salesman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gentry County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benjamin Pierce</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Liggett</b>	14. NAME OF HUSBAND OR WIFE <b>Venna Pierce</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-01-8540</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Venna Pierce, Stanberry, Mo.</b>	ADDRESS <b>W. 2nd St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac standstill</b>		DUE TO (b) <b>Intermittent complete heart block</b>		<b>2 years</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>arteriosclerotic heart disease</b>		<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Massive gastrointestinal hemorrhage</b>				<b>6 hours</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 7/31, 1956, to 8/1, 1956, that I last saw the deceased alive on 8/1, 1956, and that death occurred at 12:55am., from the causes and on the date stated above.

23a. SIGNATURE <b>Donald J. Stallard M.D.</b>	23b. ADDRESS <b>902 Edmond St City</b>	23c. DATE SIGNED <b>8/2/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>8/1/1956</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Stanberry, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 10, 1956</b>	REGISTRAR'S SIGNATURE <b>Charles M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman</b>	ADDRESS <b>St Joseph Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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S.W.

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**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.....  
*Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *719 1/2 St. N. St. J.*

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.