

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33205**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1142**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Joseph		c. CITY OR TOWN Frazier	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 days		e. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) PARVIN c. (Last) PIERCE	4. DATE OF DEATH (Month) (Day) (Year) October 18, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH July 13, 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Shuster Feed Co.	11. BIRTHPLACE (City and State or Foreign Country) Clinton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harvey Pierce	13b. MOTHER'S MAIDEN NAME Emma Prather	14. NAME OF HUSBAND/OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-12-1387	17. INFORMANT'S SIGNATURE OR NAME Claude Amos, Frazier, Mo.	ADDRESS _____
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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		19. INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple fractures. DUE TO (c) Lacerations, Multiple Sore.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8230	
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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Road DD	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) rural, Tremont Twp., Buchanan Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-15-56 10:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lost control of truck - turned over in ditch - striking culvert
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22. I hereby certify that I attended the deceased from **Oct 15, 1956 to Oct 18, 1956**, that I last saw the deceased alive on **Oct 18, 1956**, and that death occurred at **11:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John E. Stogrow MD	23b. ADDRESS 420 No 8th St., City	23c. DATE SIGNED 10-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-21-56	24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery	24d. LOCATION (City, town, or county) (State) Frazier, Missouri
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DATE REC'D BY LOCAL REG. Oct. 26, 1956	REGISTRAR'S SIGNATURE Lochen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE John E. Stogrow	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

785
210

10/11

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 *Alvin C. Bazar*.....

Licensed Embalmer No. *4793*.....

P. O. Address *St. Joseph*.....

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.