

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

425583
STATE FILE NUMBER

FILED JAN 3 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY <i>St. Francis Co</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bonne Terre</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Bonne Terre</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bonne Terre Hosp</i>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>44</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Goldie</i> First <i>Pierce</i> Middle <i>Pierce</i> Last				4. DATE OF DEATH Month <i>Dec</i> Day <i>23</i> Year <i>1956</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 12-1900</i>		9. AGE (In years last birthday) <i>56</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>7</i> Hours <i>11</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Self emp.</i>	11. BIRTHPLACE (City and state or country) <i>St. Francois Co, Mo. U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Lewis Dodson</i>				14. MOTHER'S MAIDEN NAME <i>Angeline Marler</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT Address <i>Drew Pierce Bonne Terre Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cirrhosis of Liver</i>							INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		DUE TO (c)		<i>5810</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes mellitus Uremia Anteriorly arterial heart disease</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Hour <i>p. m.</i> Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <i>Jan 55</i> to <i>12-23-56</i> and last saw <i>her</i> alive on <i>12-23-56</i> . Death occurred at <i>4:05 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>C. E. Carleton M.D.</i>				22b. ADDRESS <i>Farmington Mo</i>		22c. DATE SIGNED <i>12-26-56</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12-26-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bonne Terre Mo</i>		23d. LOCATION (City, town, or county) (State) <i>Same St. Francois Co.</i>				
24. FUNERAL DIRECTOR <i>Sparks Funeral Home</i>		ADDRESS <i>Bonne Terre Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Dec. 26, 1956</i>		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 ex-
posed by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. Everett Sparks*

Licensed Embalmer No. *4*

P. O. Address *Bonham Tex*

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.