

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

72374-56 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Phelps</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Rolla</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. Mo. Med Center</b>			Length of stay in lb <b>104 days</b>		d. STREET ADDRESS <b>Rt. 3</b>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>MAX</b> Last <b>PIERCE</b>				4. DATE OF DEATH Month <b>1</b> Day <b>22</b> Year <b>1957</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-56</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>3</b> Days <b>22</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Rolla Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>DENVER FRANKLIN PIERCE</b>				14. MOTHER'S MAIDEN NAME <b>Helen Vigil</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Denver Pierce</b> Address <b>Rt 3 Rolla Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, bilateral</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Inanition</b> DUE TO (c) <b>Progressive hydrocephalus</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 mos 22 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>								
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 <b>10/11/56</b> to <b>1/22/57</b> and last saw her/him alive on <b>1/22/57</b> Death occurred at <b>2<sup>nd</sup></b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Samuel P. O. Black, M.D.</b>				22b. ADDRESS <b>Univ. of Missouri Hosp</b>		22c. DATE SIGNED <b>1/23/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan 24 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cem</b>		23d. LOCATION (City, town, or county) <b>Rolla</b> (State) <b>Mo</b>			
24. FUNERAL DIRECTOR <b>S.C. Null</b> ADDRESS <b>Rolla, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Jan 24 1957</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>			

**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 *S. H. [Signature]*.....

Licensed Embalmer No. *3397*

P. O. Address *Railway*

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.