

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8226
STATE FILE NUMBER

FILED MAR 26 1957

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Albany			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN rural		038° 0 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Harrison				Length of stay in lb 1		d. STREET ADDRESS (If outside, give location) Miller Township	
3. NAME OF DECEASED (Type or print) Linda		First Linda		Middle Lou		Last Pierce	
4. DATE OF DEATH March 16 1957		Month March		Day 16		Year 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 10 1951		9. AGE (In years last birthday) 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Gentry Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Garland Pierce				14. MOTHER'S MAIDEN NAME Elizabeth Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Garland Pierce		Address Albany, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH AScribed BY IMMEDIATE CAUSE (a) fracture of skull with mass hemorrhage from being hit by automobile 3/12/57 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) fracture of left collar bone - ribs						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" 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.) hit by automobile in Albany Mo				
20c. TIME OF INJURY 12:40 p.m. 3-16-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street - Albany, MO		20f. CITY, TOWN, OR LOCATION Albany		038° CITY Gentry STATE MO	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 12:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. Zack Barnes, D.O. Coroner				22b. ADDRESS Living City, Mo		22c. DATE SIGNED 3-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar 18 1957	23c. NAME OF CEMETERY OR CREMATORY Jennings		23d. LOCATION (City, town, or county) (State) Gentry Co. Missouri		
24. FUNERAL DIRECTOR Clifford Brooks			ADDRESS Albany, Mo.		25. DATE RECD. BY LOCAL REG. 3/17/57		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms with or without autopsy service.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Coakley*
.....

Licensed Embalmer No. 4

P. O. Address... Albany, ..

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.