

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19919**

FILED JUL 8 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3600</u>		Registrar's No. <u>243</u>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Sedgewick</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>14 days</b>		c. CITY OR TOWN <b>Wichita</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <del>KIRKSVILLE</del> <b>Kirksville Osteopathic</b>				STREET ADDRESS (If rural, give location) <b>908 1/2 W. Douglas</b> <span style="float: right;">8150 8</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>			b. (Middle) <b>Goodfred</b>			c. (Last) <b>Pierson</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 2 1957</b>		5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, / <del>WIDOWED, DIVORCED, etc.</del> <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 15 1885</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ice cream maker,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Beatrice Foods Inc.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Macon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Nelson Pierson</b>		13b. MOTHER'S MAIDEN NAME <b>Celia Moody</b>		14. NAME OF HUSBAND OR WIFE <b>Era Drury Pierson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kansas address Era Pierson, 908 1/2 W. Douglas, Wichita</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured varicose vein in stomach</b>		ANTECEDENT CAUSES DUE TO (b) <b>Cirrhosis of liver</b>				<b>2 week</b>	
DUE TO (c) <b>Carcinoma of prostate with metastasis.</b>						<b>5 years.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>2 years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5810H</b>				20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>October 14, 1956</b> , to <b>July 2, 1957</b> , that I last saw the deceased alive on <b>July 2, 1957</b> , and that death occurred at <b>10:02 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Howard E. Gross, M.D.</b>				23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>July 4, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 5 1957</b>		24c. NAME OF CEMETERY <b>Highland Park</b>		24d. LOCATION (City, town, or county) (State) <b>Kirksville, Adair, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-5-1957</b>		REGISTRAR'S SIGNATURE <b>Dora W. Pateff</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS. <b>Howard Foster Kirksville, Mo.</b>			

VS SEP 21 1959

SEP 20 1957

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

*Donald E. Foster*

Licensed Embalmer No. 4742

P. O. Address Kirksville, M

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.