

Health, Welfare, Public Service

300 -56

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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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20057

STATE FILE NUMBER

FILED JUL 1 1957

659-57 Registration District No. 38 Primary Registration District No. 300.6 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MEXICO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY MEDICAL CENTER Length of stay in lb 12 DAYS		d. STREET ADDRESS ROUTE 5 (If outside, give location) 0040 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ORLAND HOWARD PIERCE			4. DATE OF DEATH Month Day Year JUNE 25 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 9, 1957
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) FULTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE ALBERT PIERCE		14. MOTHER'S MAIDEN NAME KATHRYN GREGORY	
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. NONE	
17. INFORMANT GEORGE A. PIERCE		Address ROUTE 5, MEXICO, MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/> 491X
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 Month, Day, Year a. m. p. m. ---			
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 6/13/57 to 6/25/57 and last saw him him alive on 6/25/57 Death occurred at 7:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clarence E. Brooke, M.D.		22b. ADDRESS U. of Missouri, Columbia, Mo	
22c. DATE SIGNED 6/25/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Funeral		23b. DATE 6/27/1956	
23c. NAME OF CEMETERY OR CREMATORY Ballaway Memorial		23d. LOCATION (City, town, or county) (State) Fulton, Mo.	
24. FUNERAL DIRECTOR Glenn Maupin Fulton		25. DATE RECD. BY LOCAL REG. June 26 1957	
ADDRESS		26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

31-0

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 *Lynman H. Spunkle*

Licensed Embalmer No. *401*

P. O. Address *Columbia,*

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.