

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40551
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5736

S. 300 0
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hosp.		Length of stay in lb 50 yrs	d. STREET ADDRESS (If outside, give location) 1106 E. 12th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GERTRUDE Middle W. Last PIERCE			4. DATE OF DEATH Month Nov Day 1 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-20-1896 Henderson, Ky.		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Radio and Electronics		11. BIRTHPLACE (City and state or country) Henderson, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Clem Rakestraw		13b. MOTHER'S MAIDEN NAME Martha (Unknown)	
14. NAME OF HUSBAND OR WIFE Ray G. Pierce		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. 489-22-7317	
17. INFORMANT Ray G. Pierce, 1106 E. 12th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Typhoid Pneumonia - probably		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Aspirin 7 lbs (?)		DUE TO (c) _____		1 wk.	
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 NO <input type="checkbox"/>		480X	
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 _____ 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 31 Oct 57 to 11-1-57 and last saw her alive on 31 Oct 57 . Death occurred at 11:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Neva Marshall</i> (Degree or title)			22b. ADDRESS <i>12th St</i>		22c. DATE SIGNED 8 Nov 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-4-1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		ADDRESS 11-3-57	25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. W. W. West
Pump Body
No. 2-8665

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 *James E. Backman*

Licensed Embalmer No. *4575*

P. O. Address *H. O. No.*

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.