

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4271

BIRTH NO. _____		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 4539		Registrar's No. 2	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Wayne		b. CITY (If outside corporate limits, write RURAL and give township) Williamsville		a. STATE Mo		b. COUNTY Wayne	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Williamsville		d. STREET ADDRESS (If rural, give location) 110			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home of Daughter				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Phoebe		b. (Middle) Cary		c. (Last) Pierce	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1958		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 7 1876		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 4		IF UNDER 12 HRS. Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grandin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Green		13b. MOTHER'S MAIDEN NAME Margaret Mann		14. NAME OF HUSBAND OR WIFE John Franklin 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ada Pierce Millsport Mo			
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)		Hypostatic Pneumonia					
ANTECEDENT CAUSES		DUE TO (b) Diabetes Sanguinea (Pt. Post)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Diabetes Mellitus					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank G. Donelli MD.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 1-14-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-58		24c. NAME OF CEMETERY OR CREMATORY Chapel Hill		24d. LOCATION (City, town, or county) (State) Wayne Co. Mo	
DATE REC'D BY LOCAL REG. Jan. 20, 1958		REGISTRAR'S SIGNATURE Hazel Ward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cook Redmont Mo.			

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

JAN 20 1958
WAYNE CO. HEALTH CENTER
FILE NO. _____

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont Mo.

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 this body is not embalmed, fact should be so stated above.