

FILED MAR 6 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004639

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff, Mo.</b>		c. CITY OR TOWN <b>Poplar Bluff, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Poplar Bluff Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>6mi N. Hayti, Mo</b>	
3. NAME OF DECEASED (Type or print) First <b>Lois</b> Middle <b>Maureen</b> Last <b>Pierce</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>19</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July-27-1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Caruthersville, Mo</b>
13a. FATHER'S NAME <b>John Orton</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Allen</b>	14. NAME OF HUSBAND OR PARTNER <b>Otho Pierce</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures and internal injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>internal injuries</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)			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>automobile collision</b>	
20c. TIME OF INJURY Hour <b>11:00</b> p.m. Month, Day, Year <b>2-19-58</b>		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.) <b>state highway 53</b>		20f. CITY, TOWN, OR LOCATION <b>Butler</b> COUNTY <b>Mo</b> STATE <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Grover Wheeler coroner</b>		22b. ADDRESS <b>Poplar Bluff Mo</b>	
22c. DATE SIGNED <b>2-26-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 21 - 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Hayti, Mo</b>		23d. LOCATION (City, town, or county) (State) <b>Hayti, Missouri</b>	
24. FUNERAL DIRECTOR <b>LaForge Unc. Co. Caruthersville</b>		25. DATE RECD. BY LOCAL REG. <b>3/1/58</b>	
26. REGISTRAR'S SIGNATURE <b>R. M. Muehle</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

MAR 3 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAR 7 1958

MAR 14 1958

APR 1 1958

VS MAY 24 1961

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 *Walter Deane*

Licensed Embalmer No. *3941*

P. O. Address *Carrollton, MD.*

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.