

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009317  
STATE FILE NUMBER 60

FILED MAR 10 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>		c. CITY OR TOWN <b>JEFFERSON CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>308 r W. Dunklin</b>	
Length of stay in 1b <b>2 weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>BESSIE BELLE Van Noy</b>			4. DATE OF DEATH Month Day Year <b>March 6 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 17, 1894</b>		9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>factory worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Mfg.</b>	11. BIRTHPLACE (City and state or country) <b>Fulton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Wm Pierson</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Massey</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-09-5416</b>	17. INFORMANT Address <b>Mrs. Robert Fredericks Jeff. City, Mo</b>		

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>Acute Bacterial Endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
DUE TO (b) <b>Suppurative Myocarditis</b>		<b>2 wk</b>
DUE TO (c) <b>Necrotizing Papulitis Lt Kidney</b>		<b>1 Mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes severe cholelithiasis Cholecystitis</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 <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 <b>Jefferson City</b>	COUNTY <b>Cole</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>Sept 1957</b> , to <b>March 1958</b> and last saw her alive on <b>March 6 1958</b> Death occurred at <b>March 6 1958 - 10:5 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <b>William R Cox MD</b>		22b. ADDRESS <b>125 E 45th St. Jefferson City Mo</b>		22c. DATE SIGNED <b>March 9 / 58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/8/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Thorpe J. Gordon Jeff. City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-March-1958</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Harris, MD MR</b>

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 *Harry E. Monroe* .....

Licensed Embalmer No. *4495* .....

P. O. Address *Jeff City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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