

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010967
State File No.

FILED APR 7 1958

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) Royal Hotel, 113 E. 3rd., St.	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) RANDOLPH	
		c. (Last) PIERCE	
4. DATE OF DEATH (Month) (Day) (Year) April 3, 1958			
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>3</u>	8. DATE OF BIRTH January 27, 1906
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transport Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Beatrice Food Co.	11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri <u>0</u>
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Aaron B. Pierce		13b. MOTHER'S MAIDEN NAME Edna J. Cramer	14. NAME OF HUSBAND OR WIFE Opal Mantonya (Divorced)
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. 1114-05-4229	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Opal Mantonya Pierce, 1011 E. 4th St. Sedalia, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Hepatic cirrhosis 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2
22. I hereby certify that I attended the deceased from <u>3/14</u> , 19 <u>58</u> , to <u>4/3</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/3</u> , 19 <u>58</u> , and that death occurred at <u>3:15A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE J. M. Saunders		(Degree or title) D.O.	23b. ADDRESS Sedalia Mo.
23c. DATE SIGNED 4/3/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 5, 1958	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
DATE REC'D BY LOCAL REG. 4-5-58	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Beckert, Sedalia, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
0
GILLESPIE FUNERAL HOME

EMERALD STATE COLLEGE

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. 9-775

working under my personal supervision.

Student *Delbert E. Steff*
Student Embalmer

Signed *DW Heckart*

Licensed Embalmer No. 347A

P. O. Address Sedalia, 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.