

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-015384

STATE FILE NUMBER

Registration District No. 301

Primary Registration District No. 6032

Registrar's No. 2433

APR 17 58
 RIPLEY COUNTY HEALTH CENTER

910

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.

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>RANDOLPH</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DONIPHAN</u> | | c. CITY OR TOWN <u>PRAIRIE DU ROCHER</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #2</u> | | d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE L. PIERCE</u> | | 4. DATE OF DEATH Month Day Year <u>APRIL 8, 1958</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>FEB. 11, 1893</u> |
| 9. AGE (In years last birthday) <u>65</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABOR</u> | 11. BIRTHPLACE (City and state or country) <u>SPRINGFIELD, ILL.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>ROCK QUARRY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>ANNIE PIERCE</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>429-28-2588</u> | 17. INFORMANT Address <u>ANNIE PIERCE PRAIRIE DU ROCHER, ILL.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> | | | <u>2 years</u> |
| DUE TO (c) <u>4200</u> | | | |
| 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 <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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 <u>January '58</u> , to <u>April 8, 1958</u> and last saw <u>her</u> alive on <u>4/8/1958</u> Death occurred at <u>8:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Frank Johnson PA D</u> | | 22b. ADDRESS <u>Doniphan Mo</u> | |
| 22c. DATE SIGNED <u>4/9/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 23b. DATE <u>APRIL 9, 1958</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Red Bank, Ill.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Red Bank Ill</u> | |
| 24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME DONIPHAN, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-9-1958</u> | |
| 26. REGISTRAR'S SIGNATURE <u>GP Johnson</u> | | | |

JUN 11 1958

MAR 8 1958

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 *Gene Harsant*

Licensed Embalmer No. *4809*
P. O. Address *Raytor, 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.