URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038604

FILED VS OCT 2 0 1959

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 187

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 842 LINN ST
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Scott
c. CITY OR TOWN SIKESTON
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 842 LINN ST.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CHARLES Middle SANFORD Last PIERCE

4. DATE OF DEATH Month 10 Day 19 Year 1959

5. SEX MALE
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-23-1887
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months 3 Days 28
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) EDDYVILLE, Ky.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY PIERCE
13b. MOTHER'S MAIDEN NAME MARTHA STONE
14. NAME OF HUSBAND OR WIFE EMMA PIERCE

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 GWENDOLYN JONES Address SIKESTON, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	Momentary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	Unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-17-59, to 10-14-59 and last saw him alive on 10-14-59
Death occurred at 1:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John P. Sargent (Degree or title) MD
22b. ADDRESS 707 Tanner Street Sikeston Mo
22c. DATE SIGNED 10-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-21-1959
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK.
23d. LOCATION (City, town, or county) SIKESTON, MO. (State)

24. FUNERAL DIRECTOR ALBRITTON FUNERAL HOME
ADDRESS SIKESTON, MO.
25. DATE RECD. BY LOCAL REG. 10-24-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond L. Ruff

Licensed Embalmer No. 4798

P. O. Address Bernie,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.