

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002856

FILED VS FEB 10 1960 278

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 15 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	
Length of stay in lb LIFE		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 1/2 GEORGIA		d. STREET ADDRESS (If outside, give location) 201 1/2 GEORGIA	
3. NAME OF DECEASED (Type or print) NOAH THURSTON PIERCE		4. DATE OF DEATH FEB 1, 1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUTTER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and state or country) PIKE CO., MO.
13a. FATHER'S NAME WILLIAM PIERCE		13b. MOTHER'S MAIDEN NAME MINNIE CROSSWHITE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS TOM TAPLEY Address LOUISIANA, MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Occlusion sudden		INTERVAL BETWEEN ONSET AND DEATH 5 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cordis - vascular disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent hospital care for frozen toe & heart		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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. Month, Day, Year _____	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 _____ to _____ and last saw her/him alive on _____
Death occurred at **3:20 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas H Lemellen MD	22b. ADDRESS Louisiana MO	22c. DATE SIGNED 2/3/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB 3, 1960	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM
23d. LOCATION (City, town, or county) LOUISIANA, MO.		(State) _____

24. FUNERAL DIRECTOR GEO. M. COLLIER, LOUISIANA, MO.	25. DATE RECD. BY LOCAL REG. Feb 3, 1960	26. REGISTRAR'S SIGNATURE Bernice Collier
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DOCUMENT

MEDICAL CERTIFICATION

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo M. Call

Licensed Embalmer No. 383
P. O. Address Louisia

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.