

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042812

FILED VS DEC 7 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 463

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		c. CITY OR TOWN RFD Center, Mo.	
Length of stay in 1b 3 Days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital.		d. STREET ADDRESS (If outside, give location) Center Township.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HARRY Middle ELBERT Last PIERCE			4. DATE OF DEATH Month Nov Day 17 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 Farm		11. BIRTHPLACE (City and state or country) Marion Co, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Pierce		13b. MOTHER'S MAIDEN NAME Harriet Seyhorn	
14. NAME OF HUSBAND OR WIFE Dorothy Pierce.		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. 492-28-1290		17. INFORMANT Address Mrs Dorothy Pierce, Center, 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) Hepatic Coma		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of Liver		
DUE TO (c)		1 year
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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 5:15 s.m. p.m.	Month, Day, Year October 15/1960	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 **October 15/1960** to **Nov 17** and last saw her/him alive on **Nov. 17, 1960**
Death occurred at **5:15** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Lawrence, M.D. (Degree or title)	22b. ADDRESS Hannibal, Missouri.	22c. DATE SIGNED 11-21-60
--	---	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-60	23c. NAME OF CEMETERY OR CREMATORY Oliver Cemetery.	23d. LOCATION (City, town, or county) (State) Center, Mo.
---	---------------------------	--	--

24. FUNERAL DIRECTOR Clyde C. Perry, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 11/25/60	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman
---	--	---

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 *Clayton C. Murrey*
Licensed Embalmer No. 3820

P. O. Address Perry, 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.