

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016257

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 64

AMENDED

FILED MAY 9 1961

1. PLACE OF DEATH
 a. COUNTY Yernon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Christian

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in this city or town 15 yr-10-mo

c. CITY OR TOWN Mount Vernosh Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Not given Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Jennie Pierce

4. DATE OF DEATH Month Day Year
May 1 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH April/15/1885 9. AGE (last birthday) 76 yrs IF UNDER 1 YEAR Months 18 IF UNDER 24 HR Hours 16 Min.

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

13a. FATHER'S NAME John H. Glenn 13b. MOTHER'S MAIDEN NAME Allie Ball 14. NAME OF HUSBAND OR WIFE Charles E. 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. Unknown 17. INFORMANT Hospital Records Address Nevada 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) Cardiac Dilatation Acute
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Arterio-Sclerosis
 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 1 Month, Day, Year _____ a.m. p.m.

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 March 1, 1956 to May 1, 1961 and last saw her/him alive on May 1, 1961
 Death occurred at Nevada, Mo _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. C. Bradley, M.D. (Degree or title) 22b. ADDRESS State Hospital #3, Nevada, Mo. 22c. DATE SIGNED 5-1-61

23a. BIRTHAL CREATION, REMOVAL (Specify) _____ 23b. DATE 5-3-1961 23c. NAME OF CEMETERY OR CREMATORY Local 23d. LOCATION (City, town, or county) Mount Vernon, Missouri (State) _____

24. FUNERAL DIRECTOR Harris Funeral Home ADDRESS Clevers, Missouri 25. DATE RECD. BY LOCAL REG. 5-6-1961 26. REGISTRAR'S SIGNATURE Anna E. Jerry

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Jerry F. Webster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.