

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021795
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 45

FILED JUN 20 1961

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived ⁶¹ institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CENTURY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>STANBERRY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. S. SAN.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Mo. S. SAN.</u>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Bradford</u> Last <u>Pierce</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>13</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>5-25-28</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 24 HR Hours <u>9</u> Min. <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and state or country) <u>Cedarvale-Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Thomas Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>JULIANA FRANCIS HARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY B. PIERCE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT <u>Hosp. Record</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>CVA (Cerebrovascular Accident)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 HRS</u>
DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PROBABLE PUL. T.B. POSS. T.B. MENINGITIS</u>		

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 _____ 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 <u>6-8-61</u> to <u>6-13-61</u> and last saw ^{him} alive on <u>6-13-61</u> Death occurred at <u>5:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>George H. Hobbs, M.D.</u>		22b. ADDRESS <u>Mo. S. SAN.</u>		22c. DATE SIGNED <u>6/13/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	23b. DATE <u>6-13-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CARMACK CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Stanberry Mo</u>	
24. FUNERAL DIRECTOR <u>Max L. Smith</u>		ADDRESS <u>Mo. Vernon Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-13-61</u>	26. REGISTRAR'S SIGNATURE <u>H.D. Swarth</u>

DATE AMENDED: 7/5/61, 7/5/61
INSTEAD OF: James Bradford Pierce, Carmack, Missouri
BY AFFIDAVIT OF: James Bradbury Pierce, Cedarvale, Kansas
Funeral Director

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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 Mat L. Fossett

Licensed Embalmer No. 4252

P. O. Address Memphis, Tenn.

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.