

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024585

STATE FILE NUMBER

AMENDED **FILED JUL 18 1961** Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 19

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>King</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u>		Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Seattle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural-P.O. Dillard Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2020 So. 134th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>RICHARD</u> Last <u>PIERCE</u>				4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</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>2/6/1900</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician (ret)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Power Construct</u>		11. BIRTHPLACE (City and state or country) <u>Big Sandy, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Joseph N. Pierce</u>				13b. MOTHER'S MAIDEN NAME <u>Jennie Henderson</u>				14. NAME OF HUSBAND OR WIFE <u>Reable Barr Pierce</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>						17. INFORMANT Address <u>Reable Pierce Seattle, Wash.</u>							
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) <u>Coronary Thrombosis</u>										<u>Immed.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>										<u>5 years</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)								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 <u>5:10 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Raymond C. Johnson, Jr.</u> <u>Frank M. Jones, Esq.</u>						22b. ADDRESS <u>Salem, Mo.</u> <u>State St. Mo.</u>			22c. DATE SIGNED <u>7/2-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7/5/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>						
24. FUNERAL DIRECTOR <u>Max L. Wright</u>				ADDRESS <u>Salem, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/6/61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lechner</u>					

JUL 19 1961

MAR 13 1962

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 Max L. Wanfel

Licensed Embalmer No. 4170

P. O. Address Salem, N.J.

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.