ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-025418
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3292

FILED JUL 20 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 3 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN OLathe — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) R. F. D. 4. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: RAYMOND Middle: EUGENE Last: PIERCE
4. DATE OF DEATH Month: JULY Day: 1 Year: 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-20-1908
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months 4 Days 11 — IF UNDER 24 HR: 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: NONE
11. BIRTHPLACE (City and state or country): RAY COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: F. C. PIERCE
13b. MOTHER'S MAIDEN NAME: BEULAH GARDNER
14. NAME OF HUSBAND OR WIFE: GLADYS V. PIERCE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
17. INFORMANT: MRS. GLADYS V. PIERCE, WIFE Address: OLATHE, KS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Nephrotic syndrome 8 mo.
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 a.m. p.m. Month, Day, Year
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 June 10 1961 to July 1, 1961 and last saw him alive on July 1, 1961
Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. J. Berry (Degree or title) M.D.
22b. ADDRESS 315 Nichols Rd Kansas City, 12, Mo
22c. DATE SIGNED July 2, '61

BY AFFIDAVIT OF M. J. Berry,

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7-1-1961
23c. NAME OF CEMETERY OR CREMATORY: OAKLAWN MEM GARDENS
23d. LOCATION (City, town, or county) (State): OLATHE, KANSAS
24. FUNERAL DIRECTOR: Martin W Frye ADDRESS: Olathe KS
25. DATE RECD. BY LOCAL REG.: 7-2-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT

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 Martin W. Frye

Licensed Embalmer No. 3615

P. O. Address Plainville Kans

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.