

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006109

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 59 STATE FILE NUMBER

**FILED MAR 12 1962**

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>UNION</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>312 E. GRANDVIEW</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>U.</b> Last <b>PIERCE</b>			4. DATE OF DEATH Month <b>MAR.</b> Day <b>5</b> Year <b>1962</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 8, 1890</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>29</b>	IF UNDER 24 HR Hours <b>29</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE WORKER</b>	11. BIRTHPLACE (City and state or country) <b>ST. CLAIR, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>EDWARD PIERCE</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZA HALLEY</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. ALLIE PIERCE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-09-945</b>	
17. INFORMANT <b>MRS. ALLIE PIERCE</b>		Address <b>312 GRANDVIEW UNION, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>
DUE TO (b) <b>Pulmonary fibrosis</b>			<b>approx. 15 years</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) <b>Generalized arteriosclerotic cardiovascular dis.</b>			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 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 checked="" 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 <b>20 Nov 61</b> to <b>March 5, 1962</b> and last saw him alive on <b>March 4, 1962</b> Death occurred at <b>1:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Geo. A. Richardson, M.D.</b>		22b. ADDRESS <b>Union, Mo.</b>	
22c. DATE SIGNED <b>3/5/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAR. 7, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VIRGINIA MINES CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. CLAIR, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>OLTMANN FUNERAL HOME UNION, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3/6/62</b>	26. REGISTRAR'S SIGNATURE <b>Leif C. Sudmann</b>

MAR 22 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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.