

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012074

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 95

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300	DATE AMENDED
Rev. 4/59	
10745	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
20745	
3	INSTEAD OF
4 1	
5 2	DOCUMENT
6	
7 1	BY AFFIDAVIT OF
8 2	
9332XF	ITEM NO. SHOULD READ
10	
11	MEDICAL CERTIFICATION
122-0	
13 1-0	USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Length of stay in lb <u>2 mo.</u>	c. CITY OR TOWN <u>Maryville</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>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>124 1/2 South Market</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>IRENE</u> Last <u>PIERSE</u>			4. DATE OF DEATH Month <u>3</u> Day <u>21</u> Year <u>62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/9/79</u>
9. AGE (last birthday) <u>82</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Tuscola, Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Wallace Gibbs</u>	
14. MOTHER'S MAIDEN NAME <u>Angeline Hodge</u>		15. NAME OF HUSBAND OR WIFE <u>Thomas Pierse, dec.</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>none</u>	18. INFORMANT Address <u>Miss Nona Pierse, Maryville, Mo.</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>Cerebral vascular</u> DUE TO (b) <u>thrombosis - arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3/6/62</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured femur</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell at home.</u>	
20c. TIME OF INJURY Hour <u>7</u> p.m. Month, Day, Year <u>62</u>	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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Maryville Nodaway Mo</u>
21. I attended the deceased from <u>1-24-62</u> <u>7:45</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw her/him alive on <u>3-21-62</u>	
22a. SIGNATURE (Degree or title) <u>H.C. Bauman M.D.</u>		22b. ADDRESS <u>Maryville, Missouri</u>	22c. DATE SIGNED (State) <u>3/23/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/23/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's</u>	23d. LOCATION (City, town, or county) <u>Maryville, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

**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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.