

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-020850
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4667**

FILED MAY 23 1962

1. PLACE OF DEATH
a. COUNTY **Missouri** b. CITY (if outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b **36 days** c. CITY OR TOWN **Poplar Bluff** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **Route 1, Box 9** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Butler** c. CITY OR TOWN **Poplar Bluff** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **Route 1, Box 9** Reside on Farm Yes No

3. NAME OF DECEASED First **Georgia** Middle **-May-** Last **Pierce** 4. DATE OF DEATH Month **May** Day **4** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-2-1878** 9. AGE (last birthday) **83** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **/** 11. BIRTHPLACE (City and state or country) **Columbia, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **James Tinsley** 13b. MOTHER'S MAIDEN NAME **Sarah Griffin** 14. NAME OF HUSBAND OR WIFE **John Pierce**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Mrs. F.J. Adams** Address **St. Louis, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Fracture Right Femur** INTERVAL BETWEEN ONSET AND DEATH **3-30-62**
DUE TO (b) **Pneumonia - Bilateral**
DUE TO (c) **904.0-21**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE **Accident** 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Fell at Home**

20c. TIME OF INJURY Hour **10:15 AM** 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.) **Home** 20f. CITY, TOWN, OR LOCATION **Poplar Bluff** COUNTY **Butler** STATE **Mo**

21. I attended the deceased from **March 30, 1962** to **May 4, 1962** and last saw **him** alive on **May 4, 1962**
Death occurred at **9:50 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. A. Lemberick M.D.** 22b. ADDRESS **1755 S. Grand St. Poplar Bluff, Mo.** 22c. DATE SIGNED **5-6-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5-7-62** 23c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 23d. LOCATION (City, town, or county) (State) **Poplar Bluff, Mo.**

24. FUNERAL DIRECTOR **Frank Cotrell Mortuary - Poplar Bluff,** ADDRESS **Mo.** 25. DATE RECD. BY LOCAL REG. **MAY 7 1962** 26. REGISTRAR'S SIGNATURE **Head Smith, M.D.**

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

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

69

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.