MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037370
STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 45004 Registrar's No. 22

FILED OCT 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Advance
Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hiway 91
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Advance
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Hiway 91
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Luther Middle: — Last: Pierce

4. DATE OF DEATH: Month: Sept. Day: 2 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 2-15-91
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months 6 Days 14
IF UNDER 24 HR: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (City and state or country): Carter Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William M. Pierce
13b. MOTHER'S MAIDEN NAME: Dora Jones
14. NAME OF HUSBAND OR WIFE: Clara Link Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Roscoe Pierce Address: Advance, Mo.

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease Yrs
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. ☐ 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 1957 to 2 Sept 62 and last saw him alive on 2 Sept 62
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R E Tribble (Degree or title) MD
22b. ADDRESS: Leffler Mo.
22c. DATE SIGNED: 9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-4-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Morgan
23d. LOCATION (City, town, or county) (State): Advance, Mo.

24. FUNERAL DIRECTOR: Wm. H. Morgan ADDRESS: Advance, Mo.
25. DATE REC'D. BY LOCAL REG.: 9/6/62
26. REGISTRAR'S SIGNATURE: Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF 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_____ Signed Wm H Morgan

Signature of Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Advance, 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.