

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015056
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 226 Primary Registration District No. 4336 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Monroe			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holliday			c. CITY OR TOWN Holliday		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION xxxxxxxxxx lifetime			d. STREET ADDRESS (If outside, give location) XXXXXX		
3. NAME OF DECEASED (Type or print) Minnie Lee Pierce			4. DATE OF DEATH Month 4 Day 9 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home making		10b. KIND OF BUSINESS OR INDUSTRY home making	11. BIRTHPLACE (City and state or country) Holliday, R R Mo 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frances Marion Dry		13b. MOTHER'S MAIDEN NAME Fannie Brown		14. NAME OF HUSBAND OR WIFE Charlie 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 Address Charlie Pierce Holliday, Mo	
18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Famul dead in Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Heart Cause Th R DUE TO (c) 7953					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. M. R. Thompson			22b. ADDRESS 300 E. 1st St. Harrison Mo		22c. DATE SIGNED 4-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/11/58	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Holliday Mo
24. FUNERAL DIRECTOR ADDRESS Fred A. Thompson Madison, Mo			25. DATE RECD. BY LOCAL REG. 4-13-58		26. REGISTRAR'S SIGNATURE E. L. Robertson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1 - Registrar

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 Mr. Fred A. Kempf

Licensed Embalmer No. 3382

P. O. Address Madison, Missouri

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.