

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041802

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4336 Registrar's No. 36

FILED NOV 21 1961

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holliday</u>		c. CITY OR TOWN <u>Holliday</u>	
Length of stay in lb <u>18 yrs</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>_____</u>		d. STREET ADDRESS (If outside, give location) <u>_____</u>	
Inside Limits Yes <input checked="" 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 <u>CHARLE</u> Middle <u>MARTIN</u> Last <u>PIERCE</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1961</u>		
5. SEX <u>Male</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>10-2-1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>_____</u> Days <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain-Livestock</u>		11. BIRTHPLACE (City and state or country) <u>Monroe Co., Mo.</u>	
13a. FATHER'S NAME <u>Jimason Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Darcus Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>_____</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Mrs Ola LeGrand</u>			Address <u>Holliday, 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>coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>N.I.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>coronary decompensation</u>	
	DUE TO (c) <u>cerebral apoplexy - in July</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>_____</u>		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.) <u>_____</u>	
20c. TIME OF INJURY Hour <u>_____</u> Month, Day, Year <u>_____</u> a.m. <u>_____</u> p.m. <u>_____</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>_____</u>	20f. CITY, TOWN, OR LOCATION <u>Holliday</u> COUNTY <u>_____</u> STATE <u>_____</u>	
21. I attended the deceased from <u>Nov. 13th</u> to <u>Nov. 13th</u> and last saw him alive on <u>Nov. 13th</u> . Death occurred at <u>5 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wesley S. Christman</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Paris, Mo</u>	22c. DATE SIGNED <u>11-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-15-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u>	23d. LOCATION (City, town, or county) <u>Holliday, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Thompson-Mackler</u> ADDRESS <u>Madison, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov-16, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Elaine Miller</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 Joseph R. Mackle

Licensed Embalmer No. 4571

P. O. Address Madison, Ga.

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.