

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11679

State File No.

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6173 Registrar's No. 35

1050

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humphreys</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Browning Taylor Sup</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baumgardner Sup.</u>			

3. NAME OF DECEASED (Type or Print) <u>MRS GORA ALICE PIERCE</u>			4. DATE OF DEATH <u>3-16-50</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 16 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ed Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>John Pierce</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Smiley Humphreys</u>	ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>174X</u> <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Uterus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Dale P. D.O.</u> (Death or title)	23b. ADDRESS <u>Newtown Mo</u>	23c. DATE SIGNED <u>3/17/50.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harris Mo Rural</u>
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DATE REC'D BY LOCAL REG. <u>March 21</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DR Payne</u>	ADDRESS <u>Hon Galt Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 28 1950

District Health Officer No. 10

District File Number 2-52-52

Date Filed MAR 28 1950

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
Student Embalmer

Signed *PK Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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 this body is not embalmed, fact should be so stated above.