

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16906
2334

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 23 YEARS		d. STREET ADDRESS (If rural, give location) 3225 OLIVE STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3225 OLIVE STREET		d. STREET ADDRESS 3225 OLIVE STREET	

3. NAME OF DECEASED (Type or Print) a. (First) PHILANDA SARAH b. (Middle) MARION c. (Last) O'DELL PIERSON			4. DATE OF DEATH (Month) (Day) (Year) MAY-21-1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MARCH 3-1875		9. AGE (In years last birthday) 75 YEARS		10. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY NURSE		11. BIRTHPLACE (State or foreign country) HALF ROCK MISSOURI	
13a. FATHER'S NAME EDWIN BACON MARTIN		13b. MOTHER'S MAIDEN NAME MARTHA ANN COOKSEY		14. NAME OF HUSBAND OR WIFE OLIVER J. PIERSON	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. J. LEE KINARD	
(If yes, give war or dates of service)				ADDRESS 3225 OLIVE STREET KANSAS CITY, MO	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia		INTERVAL BETWEEN ONSET AND DEATH 7 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerulo Nephritis		24 hrs	
		DUE TO (c) Pernicious Anemia		593X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from Jan, 1948, to May 21, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE F. W. THOMPSON (Degree or title) D.O.		23b. ADDRESS 705 Bryant Bldg		23c. DATE SIGNED 5/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 24 1950		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 5-24-50		REGISTRAR'S SIGNATURE Sheraldine Holmes			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City

[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.