

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41233**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>564</u>		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495		
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 East 15th Street				d. STREET ADDRESS (If rural, give location) 111 East 15th Street				
3. NAME OF DECEASED (Type or Print) a. (First) Grace			b. (Middle)		c. (Last) PIERCE		4. DATE OF DEATH (Month) (Day) (Year) December 11, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1875		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Elk City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME A.P. Mason			13b. MOTHER'S MAIDEN NAME Emma Crook		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Zelma Jackson				ADDRESS 1401 Penn. Joplin, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure					174X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of uterus DUE TO (c) Metastatic carcinoma						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 12-4-50		19b. MAJOR FINDINGS OF OPERATION Infiltrating carcinoma of omentum					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Nov. 26, 19 , to 12-11-50, 19 , that I last saw the deceased alive on 12-11-50, 19 , and that death occurred at 4:00AM m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>W. E. Heiber</i>				23b. ADDRESS 521. W. 4th Joplin Mo.		23c. DATE SIGNED 12-12-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. 12-13-50		REGISTRAR'S SIGNATURE <i>W. E. Heiber</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 12-26-50

Jasper County Health Office

County File Number 50/12/894

Date Filed 12-26-50

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.

Signed William E. Goodkinton

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.