

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42322

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>69 Years</u>		d. STREET ADDRESS (If rural, give location) <u>214 E. Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 214 E. Marshall</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Corbett</u> c. (Last) <u>Pierce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November, 12, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>August, 12, 1866</u>		9. AGE (In years last birthday) <u>85</u>		10. F UNDER 1 YEAR Months _____ Days _____	
11. F UNDER 10 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Camden, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>			

13a. FATHER'S NAME <u>Allen Corbett</u>		13b. MOTHER'S MAIDEN NAME <u>Lovisia McNeil</u>		14. NAME OF HUSBAND OR WIFE <u>Cortez Pierce</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'S SIGNATURE OR NAME ADDRESS <u>Mrs G. L. Pemberton, Charleston, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>			<u>11/12/51</u>	
		ANTECEDENT CAUSES				
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <u>Fract of rt hip</u>			<u>11/6/51</u>	
		DUE TO (c) <u>Arterio-sclerotic heart disease</u>				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death				

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>E 9030 - 20</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE HOME/WORK <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>her home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston Miss Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 4 1951 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>	

22. I hereby certify that I attended the deceased from Nov 6, 1951 to Nov 12, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 7:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Chas Kolwing MD</u>		23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>11/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>	

DATE REC'D BY LOCAL REG. <u>12-4-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Lay Helgren</u> <u>434</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>The Runnelsee Funeral Chapel, Charleston, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0672

DEC 10

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed DEC 14 1951

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 Edward E. Amabile

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.