

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5814

State File No.

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>18 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOUTSVILLE 0690</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PLEASANT VIEW REST HOME</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>A.</u>	c. (Last) <u>PIERCEALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 14, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG. 16, 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>U. K.</u>	13b. MOTHER'S MAIDEN NAME <u>U. K.</u>	14. NAME OF HUSBAND OR WIFE <u>0</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>INSTITUTION'S RECORDS</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 DM</u> <u>7 H</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>U. K. - 50</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Feb 10, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Pierceall</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>2-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANDREWS</u>	24d. LOCATION (City, town, or county) (State) <u>STOUTSVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-16-52</u>	REGISTRAR'S SIGNATURE <u>F. A. Barnett M.D.</u> <u>437-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakely</u>	ADDRESS <u>PARIS, MISSOURI</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
90
4

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 *E. H. Agnew* _____

Licensed Embalmer No. 4000 _____

P. O. Address PARIS, MISSOURI _____

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.