

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24620****3204**DECEASED **AUG 4 1952**

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 (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 6 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) Plaza Hotel, 13 East 24th			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3. NAME OF DECEASED (Type or Print) a. (First) Haden b. (Middle) Haden c. (Last) Pierson					
4. DATE OF DEATH (Month) (Day) (Year) 7 15 52		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH MAR. 9-1894		9. AGE (In years last birthday) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEF		10b. KIND OF BUSINESS OR INDUSTRY PLAZA HOTEL			
11. BIRTHPLACE (State or foreign country) SIDNEY IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME NORA A. PIERSON		13b. MOTHER'S MAIDEN NAME DAISY DELL WILSON			
14. NAME OF HUSBAND OR WIFE MRS. LORRAINE PIERSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 483-03-2113		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. MAXINE McCLANAHAN 3418 N. 24th AVE. OMAHA NEBR.			
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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Partial exsanguination from bleeding varicose ulcer vein DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 460X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 July 12 , 19 52 , to July 15 , 19 52 , that I last saw the deceased <input checked="" type="checkbox"/> alive on July 15 , 19 52 , and that death occurred at 5:02 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE B. I. Burns, M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-15-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 15 1952		24c. NAME OF CEMETERY OR CREMATORY SIDNEY CEMETERY		24d. LOCATION (City, town, or county) (State) SIDNEY, NEBRASKA IOWA			
DATE REC'D BY LOCAL REG. 7-15-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

Miss [unclear]

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 *Albert L. Savage*
Licensed Embalmer No. *4812*

P. O. Address *Genoa City, 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.