

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27764

State File No. ....

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3000 Registrar's No. 751-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u> <u>0396</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u> c. LENGTH OF STAY (in this place) <u>20 MINUTES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>BILLINGS</u> <u>0220</u> d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	
--	--	---	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRGDERICK</u> b. (Middle) <u>HOLLAND</u> c. (Last) <u>PIERCY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 10 1952</u>
---	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 26 - 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
--------------------	-------------------------------	---	---	---	------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MAIL CARRIER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RURAL ROUTE</u>	11. BIRTHPLACE (State or foreign country) <u>CARTHAGE MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ADELA SKALICKY, PIERCY</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ADELA PIERCY, BILLINGS, MO.</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes, (Coronary vessel disease)</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (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 19 to 19, that I last saw the deceased alive on 19 and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Dr. P. Allen Pickett, Coroner</u>	23b. ADDRESS <u>SPRINGFIELD, MO.</u>	23c. DATE SIGNED <u>AUG. 13, 1952</u>
---	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 14 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S CATHOLIC</u>	24d. LOCATION (City, town, or county) (State)** <u>BILLINGS, MO.</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-18-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Alan Harris, Clever, Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1952

**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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.