No. 300
10.48

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

State File No. 19112

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2382

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 441 East 62d Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Daniel
b. (Middle): M.
c. (Last): PIERCE

**4. DATE OF DEATH** (Month) (Day) (Year): May 24, 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 5-1-68
**9. AGE** (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Mail Carrier
**10b. KIND OF BUSINESS OR INDUSTRY**: K. C. Post Office
**11. BIRTHPLACE** (City and State or Foreign Country): Monroe City, Iowa
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: ---- Pierce
**13b. MOTHER'S MAIDEN NAME**: ----- Feeley
**14. NAME OF HUSBAND OR WIFE**: Maude D. Pierce

**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. J. H. Hart, 441 E. 62d St., K. C., Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ur At Hip Acute Cystitis

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Broncho Pneumonia

DUE TO (c) Trauma by fall

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

E9365

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): 3 2.?
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Kans. City Jackson Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 3-17-54 2:00 P m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** Pushed off of sidewalk fall

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 _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Hugh H. Owens Hugh H. Owens Coroner
**23b. ADDRESS**: 1034 Pialto Bldg
**23c. DATE SIGNED**: 5-25-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-26-54
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 5-26-54
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Dan Miller ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address ..... /C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.