

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40017**

FILED DEC 22 1954

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5046** Registrar's No. **128**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give town or township) rural 2 miles East Nicholas		c. CITY (If outside corporate limits, write RURAL and give township) Rural - 0030	
d. FULL NAME OF (If not in hospital) or Institution, give street address or location HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2 miles East Nicholas	

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle) Leandor	c. (Last) Pierce	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 - 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 5 - 1885	9. AGE (In years) (last birthday) 69	IF UNDER 1 YEAR Months 9 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Troutdale, Virginia	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Pierce	13b. MOTHER'S MAIDEN NAME Cezelia Carter	14. NAME OF HUSBAND OR WIFE None
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Cal Pierce - Rock, Port Mo	ADDRESS Rock, Port Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEART DISEASE 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 _____, 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 L. D. Gallig	(Degree or title) Coroner	23b. ADDRESS Rock Port Mo	23c. DATE SIGNED 12-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 13 - 1954	24c. NAME OF CEMETERY OR CREMATORY Greenhill Cemetery	24d. LOCATION (City, town, or county) (State) Rock - Port Mo
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DATE REC'D BY LOCAL REG. Dec 14, 1954	REGISTRAR'S SIGNATURE Tharoin J. Schaefer	443	25. FUNERAL DIRECTOR'S SIGNATURE Bertand Funeral Home - Rock Port	ADDRESS no
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. E. Purham

Licensed Embalmer No. 1764

P. O. Address Rocky Point Md.

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.