

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1256**
132
Registrar's No.

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) **39 yrs.**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital**
STREET ADDRESS (If rural, give location) **1233 Romany Road**

3. NAME OF DECEASED
a. (First) **NELL** b. (Middle) **W.** c. (Last) **PIERCY**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 8 1955

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **April 26, 1884**

9. AGE (In years last birthday) **70**

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) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Chicago Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Wolseley Henry W. Wolseley**

13b. MOTHER'S MAIDEN NAME **Ella Williams**

14. NAME OF HUSBAND OR WIFE **Bernard F. Piercy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Bernardo F. Piercy 1233 Romany Rd.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary atherosclerosis**
ANTECEDENT CAUSES **Hypertension**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Metastatic Carcinoma**

INTERVAL BETWEEN ONSET AND DEATH
42⁰ 1H

19. MODE OF OPERATION **Autopsy**

19b. MAJOR FINDINGS OF OPERATION
Inoperable Carcinoma ovary. 12/31/53.

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/20/46** 19____, to **1/7/55**, 19____, that I last saw the deceased alive on **1/7/55**, 19____, and that death occurred at **4:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **H. P. Baughnau** (Degree or title) **M.D.**

23b. ADDRESS **Blayne and Bealy, K.C. Mo.**

23c. DATE SIGNED **1/10/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1-10-55**

24c. NAME OF CEMETERY OR CEMATORY **Mt. Moriah Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

DATE REC'D BY LOCAL REG. **1-10-55** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
STINE & McCLURE UND. CO. K.C.MO.

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

Can. by apt

Dr. Baughnaw
315 Nichols Rd.

Lo. 7400

12:15 -

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.....
Signature of Student Embalmer

Signed

Elmo D. Tipton

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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

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