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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1945

State File No. \_\_\_\_\_

Price  
FILED FEB 14 1955

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Havti</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (In this place) <u>4 Hours</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pemiscot</u>		e. STREET ADDRESS (If rural, give location) <u>1006 Beckwith Ave. 07820</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Billie</u>	b. (Middle) <u>Mathis</u>	c. (Last) <u>Pierce</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>January 30, 1955</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>August 25, 1920</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthersville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Franklin Pierce</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Mathis</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Gunnells Pierce</u>
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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) <u>Yes WW 2 &amp; Korea</u>	16. SOCIAL SECURITY NO. <u>490 14 2724</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Pierce</u>	ADDRESS <u>1006 Beckwith-C'ville.</u>
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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, asthma, 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) <u>Multiple Skull Fractures</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Laceration of half of Scalp.</u> DUE TO (c) <u>Left hemiplegia.</u>		
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 <u>Lacerated Scalp, Multiple depressed fractures of Skull</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1-29, 1955, to 1-30, 1955, that I last saw the deceased alive on 1-30, 1955, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry G. Price M.D.</u>	23b. ADDRESS <u>312 E. Main St. Havti Mo 2-2-55</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>
	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-2-55</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	406-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>	ADDRESS <u>Funeral Home C'ville. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2-40-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 10 1955  
FEB 17 1955

FEB 16 1955

FEB 16 1955

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 *W. Dewey Pike*.....

Licensed Embalmer No. *4454*.....

P. O. Address *Caruthersville*.....

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.