

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20965

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5010</u>		Registrar's No. <u>63</u>				
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Beckow R.R. 2</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Humphreys</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1050</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>LEONARD</u>		c. (Last) <u>PIERCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1955</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>		8. DATE OF BIRTH <u>Feb 5 - 1880</u>		9. AGE (in years last birthday) <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas R. Pierce</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth White</u>			14. NAME OF HUSBAND OR WIFE <u>Zelpha Adoska Pierce</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sherman E. Pierce</u>			ADDRESS <u>Beckow R.R. 2 Mo</u>		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis General</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>		
				ANTECEDENT CAUSES 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.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1500</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) 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 <u>June 15, 1955</u> , to <u>July 5, 1955</u> , that I last saw the deceased alive on <u>July 5, 1955</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Bonnie Roy Wills</u> (Degree or title)						23b. ADDRESS <u>Savannah Mo</u>			23c. DATE SIGNED <u>7-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>7-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wickham</u>		24d. LOCATION (City, town, or county) (State) <u>Halt mo</u>				
DATE REC'D BY LOCAL REG. <u>7-12-55</u>		REGISTRAR'S SIGNATURE <u>Sullivan Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah Mo</u>		ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *E. E. Breit* .....

Licensed Embalmer No. *265*

P. O. Address *Sacramento*

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.