

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5307**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **4237** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ..a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Raytown		c. CITY OR TOWN Rayville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Mo.		e. STREET ADDRESS (If rural, give location) 3 mi west of Rayville + Rayville Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9102 E. 50 Highway			

3. NAME OF DECEASED a. (First) Jessie b. (Middle) Leora c. (Last) Pierson			4. DATE OF DEATH (Month) (Day) (Year) Feb 23 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 27, 1877	9. AGE (In years) (Last birthday) 78	IF UNDER 1 YEAR (Month) (Day) 4 26	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Argenta, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Shaffer		13b. MOTHER'S MAIDEN NAME Savilla Swander		14. NAME OF HUSBAND OR WIFE Albert Pierson	
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 Mildred Pattie Richmond 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, 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) Pneumonia			DUE TO (b) congestive Heart failure			2 weeks		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis and anemia						2 mon.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary Carcinoma of rectum 1 year								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4341HC		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) (Min.)		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 **27 Dec, 1955**, to **23 Feb, 1956** that I last saw the deceased alive on **23 Feb, 1956**, and that death occurred at **UP** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack M. Davis M.D.			23b. ADDRESS Raytown, Mo.			23c. DATE SIGNED 24 Feb 56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 26 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carrollton Mo.		

DATE REC'D BY LOCAL REG. 2-26-56		REGISTRAR'S SIGNATURE James Lewis		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Heger Raytown Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed: *E. Clark Hagen*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, Mo.*

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.