

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 14 1956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 45

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| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY OR TOWN <u>NORTH KANSAS CITY</u> <small>Outside corporate limits, write RURAL and give town(ship)</small> | | c. CITY OR TOWN <u>KANSAS CITY</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 HOSPITAL OR INSTITUTION <u>COOK'S PAINT CO.</u> | | e. STREET ADDRESS (If rural, give location) <u>529 NORTON</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>TRUMAN</u> c. (Last) <u>PIERCE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1956</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>SEPT 16, 1897</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREMAN COOK'S PAINT CO N.K.C.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>MONTEAU Co. MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Robert Lee Pierce</u> | 13b. MOTHER'S MAIDEN NAME <u>Alice Chase</u> | 14. NAME OF HUSBAND OR WIFE <u>MARY GLADYS 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>No</u> | 16. SOCIAL SECURITY NO. <u>486-05-3033</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARY PIERCE</u> ADDRESS <u>529 NORTON</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u> |
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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 _____, 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.

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| 23a. SIGNATURE <u>D. J. Pate M.D. Coroner</u> (Degree or title) | 23b. ADDRESS <u>North Kansas City Mo</u> | 23c. DATE SIGNED <u>5/3/56</u> |
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| 24a. BURIAL OR CREMATION (Specify) <u>Burial</u> | 24b. DATE <u>5-3-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Int. Memorial Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |
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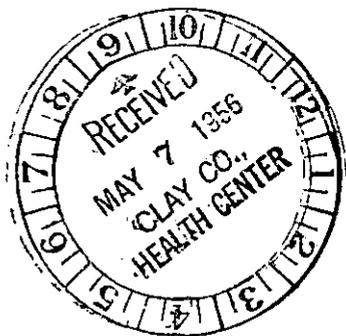
| | | |
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| DATE REC'D BY LOCAL REG. <u>5-4-56</u> | REGISTRAR'S SIGNATURE <u>Marguerite Hudgins</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackman & Son K.C. Mo.</u> ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0-48

494
0



MAY 23 1957

JUN 18 1957

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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.....
John H. Kalsbee
Licensed Embalmer No. 49

P. O. Address *No. 750*

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.