

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12521**

FILED APR 22 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Liberty-Rural</b>	c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>odd fellows. home</b>		e. STREET ADDRESS (If rural, give location) <b>7812 main st. 3918</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>B. J.</b> c. (Last) <b>Pierce</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-5-57</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 4-1882</b>	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <b>PARKVILLE MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Francis Pierce</b>	13b. MOTHER'S MAIDEN NAME <b>Deana Baldwin</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Pierce</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-07-1887</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L.B. Pierce</b>	ADDRESS <b>Kansas City Mo</b>
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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 <b>2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular renal sys</b>		
	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 <b>442X</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan**, 1956, to **4-5**, 1957, that I last saw the deceased alive on **4-4**, 1957, and that death occurred at **7:40** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. G. Gardner</b>	(Degree or title) _____	23b. ADDRESS <b>Liberty MO</b>	23c. DATE SIGNED <b>4/6/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr 8-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Farmers</b>	24d. LOCATION (City, town, or county) (State) <b>Kearney MO</b>
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DATE REC'D BY LOCAL REG. <b>4-8-57</b>	REGISTRAR'S SIGNATURE <b>Mabel Graham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Pearce - Owen Co.</b>	ADDRESS <b>Liberty MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4910



APR 23 1957

**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..... *Chester K Brown*

Licensed Embalmer No..... *493*

P. O. Address..... *K. C. 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.