Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1957

STATE FILE NUMBER 25052

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 336

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. JOHN'S HOSP — Length of stay in 1b 1 WEEK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 64801 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1220 MURPHY — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JAMES Middle CEILON Last PIERSON

4. DATE OF DEATH Month JULY Day 7 Year 1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH SEPT. 16, 1879

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY RETAIL FURNITURE

11. BIRTHPLACE (City and state or country) BRIDGEWATER, IOWA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES PIERSON

13b. MOTHER'S MAIDEN NAME SARAH ELLEN GARNER

14. NAME OF HUSBAND OR WIFE KATHERINE PIERSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 491-01-5005

17. INFORMANT MRS. KATHERINE PIERSON — Address JOPLIN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — 10 years
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March, 1950, to July 7, 1957 and last saw him alive on 7/7/57
Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. A. Schulte, M. D.

22b. ADDRESS 2125 Jackson Ave, Joplin, Mo

22c. DATE SIGNED 7/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JULY 10, 1957

23c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PARK

23d. LOCATION (City, town, or county) JOPLIN (State) MO

24. FUNERAL DIRECTOR Hurlbut Gene ADDRESS Joplin

25. DATE RECD. BY LOCAL REG. 7-16-1957

26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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County File Number 52-7-604

Date Filed JUL 22 1957

SEP 18 1957

NOV 21 1958

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 Dale Berner

Licensed Embalmer No. 4593

P. O. Address Joplin,

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.