

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1957

State File No. **36276**  
Registrar's No. **465**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>3 yrs</b>	c. CITY OR TOWN <b>Independence</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>1122 1/2 South Pearl</b>			e. STREET ADDRESS (If rural, give location) <b>1122 1/2 South Pearl</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucy</b> b. (Middle) <b>E</b> c. (Last) <b>Pierce</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 4 1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 5 1873</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OA.P</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Decater Ills</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WM Rarger</b>		13b. MOTHER'S MAIDEN NAME <b>Kixxah Lockhart</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ada Ha lfill Grain Valley Mo</b>		
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> 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) <b>4201</b>			
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			
22. I hereby certify that I attended the deceased from <b>Oct 23, 1957, to Nov 4, 1957</b> , that I last saw the deceased alive on <b>Oct 23, 1957</b> , and that death occurred at <b>9:30 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Charles Himmeler, D.O.</b>		23b. ADDRESS <b>Oak Grove, Mo</b>		23c. DATE SIGNED <b>11-6-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-9-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lees Summit</b>	24d. LOCATION (City, town, or county) (State) <b>Lees Summit Mo</b>		
DATE REC'D BY LOCAL REG. <b>11-8-57</b>	REGISTRAR'S SIGNATURE <b>James S. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home Blue Springs Mo</b>		

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 *R B Webb* .....

Licensed Embalmer No. *2343*

P. O. Address *Blue Springs 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.