

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006899
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 80

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)			
a. COUNTY <u>Missouri-St. Francois Co.</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Bonne Terre Hosp</u>		Length of stay in 1b <u>3 weeks</u>		c. CITY OR TOWN <u>Desloge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Earl</u>		Middle <u>Charles</u>		Last <u>Pierce</u>		Month <u>Feb.</u> Day <u>20</u> Year <u>1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Outdoors Store</u>		11. BIRTHPLACE (City and state or country) <u>Franklin County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Usa</u>	
13. FATHER'S NAME <u>George Pierce</u>				14. MOTHER'S MAIDEN NAME <u>Mamie Weatherford</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW - 11</u>		17. INFORMANT <u>Bonne Terre Ho.p., Bonne Terre, Mo</u>		Address	
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c)]							INTERVAL BETWEEN DEATH AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>							<u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____							
DUE TO (c) _____							
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>Melastotic Carcinoma Liver</u> <u>1621</u>							<u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>Nov 1957</u> , to <u>2-20-58</u> and last saw <u>her</u> alive on <u>2-20-58</u>							
Death occurred at <u>10:30P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. G. Gault</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Desloge Mo</u>		22c. DATE SIGNED <u>2-21-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
<u>Burial</u>		<u>2/23/1958</u>	<u>St. Francois Mem. Pk</u>		<u>St. Francois Co., Mo.</u>		
24. FUNERAL DIRECTOR <u>Boyer & Son</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 21, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	
ADDRESS <u>Desloge, Mo</u>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 5 1958

APR 2 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 *E. Z. Boyer*.....

Licensed Embalmer No. *166*

P. O. Address *Daslog*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.