

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026070

STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>Crystal City</b> <sup>0500</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFF. MEMORIAL HOSP. 1 DAY</b>		d. STREET ADDRESS <b>1 2 miles south of Crystal City</b>	

3. NAME OF DECEASED (Type or print) <b>ETHEL M. PIERCE</b>			4. DATE OF DEATH <b>JULY 26, 1958</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 8, 1900</b>	9. AGE (In years last birthday) <b>57</b>	FUNDER 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>HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>FLAT RIVER, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WM. MARLOW</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA HULVEY</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK PIERCE</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>FRANK PIERCE CRYSTAL CITY, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertension, essential, malignant 8 eps</b>	<b>445 XF</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) <b>Acute heat prostration</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <b>9-23-57</b> to <b>7-26-58</b> and last saw her alive on <b>7-26-58</b> Death occurred at <b>6:40 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>F. L. Kozal, M.D.</b>	22b. ADDRESS <b>Crystal City, Mo.</b>	22c. DATE SIGNED <b>7-28-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-29-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GAMEL</b>	23d. LOCATION (City, town, or county) (State) <b>FESTUS, MO.</b>
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24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b> ADDRESS <b>CRYSTAL CITY,</b>	25. DATE RECD. BY LOCAL REG. <b>7-28-58</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

DATE RECEIVED

AUG 12 1958

DEPT. OF HEALTH

OFFICE

NO.

EMERALD

72 0000.0.000

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EMERALD

U.S.A.

NO.

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BY

**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 *Deputy R. J. ...*

Licensed Embalmer No. *348*

P. O. Address *Crystal*

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.

1-25-7

EMERALD

EMERALD