

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033497

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 314

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in lb 4 hours	d. STREET ADDRESS (If outside, give location) 3207 St. Marys		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN T FIERKE			4. DATE OF DEATH Month Day Year September 24, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> - DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1899		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 59 5 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Missouri Gravel Company		11. BIRTHPLACE (City and state or country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John C. Fierke		13b. MOTHER'S MAIDEN NAME Henrietta Cosby	
14. NAME OF HUSBAND OR WIFE Edith Rogers Fierke		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 493 05 9635	
17. INFORMANT Mrs. John T. Fierke, Hannibal Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) athero sclerosis DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
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"/>			
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 Hour Month, Day, Year a.m. p.m.					
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 Death occurred at 4:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw him alive on 9-24-58			
22a. SIGNATURE J. A. Hardesty M.D.		22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 9-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-26-58		23c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park, Hannibal, MO.	
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 9-29-58		26. REGISTRAR'S SIGNATURE Dr. Em Luke, M.D. Fisher	

RECEIVED SEP 30 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 30 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 *H. Crawford Smith*

Licensed Embalmer No. 3214.....

P. O. Address..... Hannibal, Missouri

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.