Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043076
STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY Kerson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT in hospital, give location) State Hospital #3 — Length of stay in 1b 2mo 18days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton 0422 c — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 726 East Clinton (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NORA Middle REBECCA Last PIERCE
4. DATE OF DEATH: Month 11 Day 22 Year 1958
5. SEX F 1
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 3/3/1883
9. AGE (In years last birthday) 75 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Garland Webb
13b. MOTHER'S MAIDEN NAME Ellen Kennedy
14. NAME OF HUSBAND OR WIFE widowed
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. no
17. INFORMANT hospital records Address

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
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 9/4/58 to 11/22/58 and last saw her alive on 11/22/58
Death occurred at 11 30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Esker M.D. (Degree or title) — 22b. ADDRESS State Hospital No. 3 — 22c. DATE SIGNED 11/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 11-25-58 — 23c. NAME OF CEMETERY OR CREMATORY Englewood CCM — 23d. LOCATION (City, town, or county) CLINTON (State) Mo
24. FUNERAL DIRECTOR Sickman & Dunning — ADDRESS Clinton Mo.
25. DATE RECD. BY LOCAL REG. 11-25-58
26. REGISTRAR'S SIGNATURE Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 ..Robert L. Deming.....

Licensed Embalmer No. 4710.....

P. O. Address Clinton Me

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.