

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044613

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 399

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp, Dca.		Length of stay in 1b 21 years	d. STREET ADDRESS 114 Jackson
3. NAME OF DECEASED (Type or print) First Fred Middle C. Last Pierce			4. DATE OF DEATH Month 12 - Day 14 - Year 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 18, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) Bynum, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Pierce		13b. MOTHER'S MAIDEN NAME Mary Bullard	14. NAME OF HUSBAND OR WIFE Edith Pierce
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. 976X	17. INFORMANT Edith Pierce, 114 Jackson Ave, Joplin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound chest 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) _____			INTERVAL BETWEEN ONSET AND DEATH Less than 15 min.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Placed muzzle of 38 special Colt to chest and pulled trigger bullet went thru chest and outside.	
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year 12-14-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g. home, farm, factory, street, office bldg., etc.) Home
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS Joplin Mo.	
22a. SIGNATURE _____ (Degree or title) Mortimer M. Carson Joplin Mo.		22c. DATE SIGNED 12/16/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-17-1958	23c. NAME OF CEMETERY OR CREMATORY Dart Memorial Pk	23d. LOCATION (City, town, or county) (State) Joplin, Mo
24. FUNERAL DIRECTOR Thornhill-Dillon Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 12-23-1958	26. REGISTRAR'S SIGNATURE Dove Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 15 1959

MS MAY 12 1959

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 *William E. Huddleston*

Licensed Embalmer No. *4770*
P. O. Address *Joplin, 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.