

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002199
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 6

5. 300
1-57

All diseases in Part I must be causally related.

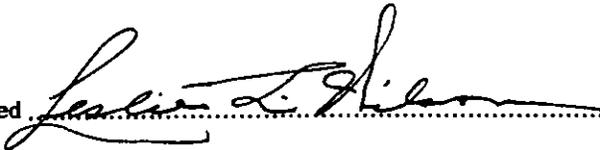
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN STOUTSVILLE 0699		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STOUTSVILLE, R.2		Length of stay in lb 8 Weeks	d. STREET ADDRESS (If outside, give location) STOUTSVILLE, MO		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle ELLEN Last PIERCEALL			4. DATE OF DEATH Month JANUARY Day 19 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 19, 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 9 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN HENRY WHEELAN		13b. MOTHER'S MAIDEN NAME LAURA KATHRYN YAKE		14. NAME OF HUSBAND OR WIFE SAMUEL D. PIERCEALL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Ms Pearl Gels Address Stoutsville 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) Hemostatic pneumonia DUE TO (b) cerebral apoplexy DUE TO (c) chronic conditonal fage.					INTERVAL BETWEEN ONSET AND DEATH
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 <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 Dec 12 + 11 1958 to Jan 19 - 59 and last saw her ^{her} _{been} alive on Jan. 14, 1959 Death occurred at 3.30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hellis S. Christmas M.D. (Degree or title)			22b. ADDRESS Paris, Mo		22c. DATE SIGNED 1-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-23-59	23c. NAME OF CEMETERY OR CREMATORY St ANDREWS CEMETERY		23d. LOCATION (City, town, or county) (State) STOUTSVILLE, MO	
24. FUNERAL DIRECTOR Wilson & Sons Monro Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 1-24-59		26. REGISTRAR'S SIGNATURE F. Q. Barnedon, D.	

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 BY ME, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. ... 3014

P. O. Address ... MONROE CITY, 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.