

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014434  
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 54

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural-Marion</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Rural-Marion</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Under the yard</i>		Length of stay in lb <i>4 yrs.</i>	d. STREET ADDRESS <i>0</i>
3. NAME OF DECEASED (Type or print) First <i>Jessie</i> Middle <i>Leland</i> Last <i>Pirey</i>			4. DATE OF DEATH Month <i>April</i> Day <i>19</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 28-1919</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>agriculture</i>	9. AGE (In years last birthday) <i>40</i> 50 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Bill Pirey</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Jump</i>	
14. NAME OF HUSBAND OR WIFE <i>May Pirey</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT Address <i>Mrs. May Pirey - Polk Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>accidentally shot himself in the head with 22 rifle - while taking it out of his car - 9190</i>			INTERVAL BETWEEN ONSET AND DEATH <i>suicide</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>the head with 22 rifle - while taking it out of his car - 9190</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>19</i>			
20a. ACCIDENT <input checked="" 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.) <i>removing 22 rifle from car &amp; shot himself in the head</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>084</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>front yard</i>		20f. CITY, TOWN, OR LOCATION <i>Rural-marion</i>	
20g. COUNTY <i>Polk</i>		20h. STATE <i>Mo</i>	
21. I attended the deceased from <i>1:30 P.M.</i> to <i>1:30 P.M.</i> and last saw her alive on <i>19</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sidney Pitts - coroner</i>		22b. ADDRESS <i>Polk Mo</i>	
22c. DATE SIGNED <i>April 20-59</i>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 23-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Payne Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Polk Mo</i>	
24. FUNERAL DIRECTOR <i>Pitts funeral Home - Bolivar, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>April 25, 1959</i>	
26. REGISTRAR'S SIGNATURE <i>Ralph Gordon per Jewell Gordon</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Sidney F. Petta* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bolivar, Md.* .....

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.