

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021902

STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 299

300
-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) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hosp.		Length of stay in lb 1 hour	d. STREET ADDRESS (If outside, give location) 912 W. 1st St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eugene Middle L. Last Pierce			4. DATE OF DEATH Month June Day 9 Year 1959
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 Oct. 13, 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Spencer Chemical Co.		10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.	9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 7 Days 26 Hours Min.
11. BIRTHPLACE (City and state or country) Webb City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Eugene R. Pierce		13b. MOTHER'S MAIDEN NAME Drucilla E. Harmon	14. NAME OF HUSBAND OR WIFE Frances Pierce
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. 4201	
17. INFORMANT Frances Pierce Address 912 W. 1st St. Webb City, 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) Myocardial infarction, massive. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary occlusion. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 to 4 hours 3 to 4 hours
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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	
Remarks: Patient expired while Ecg was being made. I saw him 5 minutes later and pronounced him dead.			
21. I attended the deceased from <u>6-9-59</u> to <u>6-9-59</u> and last saw him alive on <u>6-9-59</u> at <u>12:03 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> M.D.		22b. ADDRESS Joplin, Mo.	22c. DATE SIGNED 6-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/12/1959	23c. NAME OF CEMETERY OR CREMATORY CARROLLVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) Carrollville Missouri
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 6-17-1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</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

FEB 17 1960

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb 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.