

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-023992

FILED VS AUG 4 1959 /

Registration District No. Primary Registration District No. 3000 Registrar's No. 230

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in lb 2 days		c. CITY OR TOWN Green Castle		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Johnny Middle Lee Last Pierce				4. DATE OF DEATH Month July Day 5 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/12/1892	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and state or country) Sidney, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Pierce			13b. MOTHER'S MAIDEN NAME Ellen Sholly			14. NAME OF HUSBAND OR WIFE Rosa 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. 493-42-4064		17. INFORMANT Address Mrs. Rosa Pierce, Green Castle, 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) INAUTIATION AND DEBILITATION DUE TO (b) WIDESPREAD ADENOCARCINOMA OF STOMACH DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 10 MO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MILD ANEMIA						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ g.m. _____ p.m. _____ Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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 7-3-59 to 7-5-59 and last saw her alive on 7-4-59 Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Earl Laughlin D.O.				22b. ADDRESS Kirkville, Mo			22c. DATE SIGNED 7-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Cox Cemetery		23d. LOCATION (City, town, or county) (State) Adair County, Missouri			
24. FUNERAL DIRECTOR Glenn E. Kent & Son, Green City, Mo			25. DATE RECD. BY LOCAL REG. 7-28-1959		26. REGISTRAR'S SIGNATURE Doris W. Rathoff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL LAUHLIN, JR., D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 468

P. O. Address Green City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.