

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

'59 0 445 29

FILED VS DEC 28 1959

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 243

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		Length of stay in lb <u>30 yrs</u>		c. CITY OR TOWN <u>Carthage</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>409 High</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>409 High</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM GARFIELD PIERCE</u>				4. DATE OF DEATH Month Day Year <u>December 13, 1959</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-18-79</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired miner & well-driller</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Enid, Okla</u>		11. BIRTHPLACE (City and state or country) <u>Enid, Okla</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>not available</u>			13b. MOTHER'S MAIDEN NAME <u>not available</u>			14. NAME OF HUSBAND OR WIFE <u>Josephine W. Pierce</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>44-10-0925</u>		17. INFORMANT Address <u>Carthage, Mo</u> <u>Mrs. Josephine Pierce, 409 High</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Rheumatoid arthritis</u>					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 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 a.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 <u>11-4-57</u> to <u>12-13-59</u> and last saw her/him alive on <u>12-9-59</u>				Death occurred at <u>11</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
21a. SIGNATURE <u>Richard H. Coyle</u> (Degree or title) <u>M.D.</u>			21b. ADDRESS <u>116 W. 3rd, Carthage, Mo</u>			21c. DATE SIGNED <u>12-14-59</u>		
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	22b. DATE <u>12-16-59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>GAR Cemetery</u>		22d. LOCATION (City, town, or county) <u>Carthage, Mo</u>		22e. (State) <u>Mo</u>		
24. FUNERAL DIRECTOR <u>KNELL MORTUARY Carthage, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>12-16-59</u>		26. REGISTRAR'S SIGNATURE <u>EM Clutter</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 28 195

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.