

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001242

FILED VS FEB 1 1960

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 16 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ridgeway mo</u> Length of stay in 1b <u>13 mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Harrison</u> c. CITY OR TOWN <u>Ridgeway mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>No street address</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Fueddi Bennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH <u>1-27-60</u>	

3. NAME OF DECEASED (Type or print) First <u>Serie</u> Middle <u>Belle</u> Last <u>Pierce</u>			4. DATE OF DEATH Month <u>1</u> Day <u>27</u> Year <u>60</u>				
5. SEX <u>Female</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>7-31-90</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own house work</u>		11. BIRTHPLACE (City and state or country) <u>Eastville mo</u>		12. CITIZEN OF WHAT COUNTRY <u>us. s.</u>	
13a. FATHER'S NAME <u>James Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lutz</u>		14. NAME OF HUSBAND OR WIFE <u>Henry 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>no</u>		17. INFORMANT <u>Robert Pierce Bethany mo.</u> Address _____			

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>Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>osteoporosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u>None</u>									
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 Aug. 1959, to Jan. 16, 1960 and last saw her alive on Jan. 16, 1960
 Death occurred at Jan. 27 '60 1307 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L. C. Brewer</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Ridgeway Mo.</u>		22c. DATE SIGNED <u>Jan. 29, 1960</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-30-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>		23d. LOCATION (City, town, or county) <u>1/20. Ridgeway mo</u> (State) _____	

24. FUNERAL DIRECTOR <u>Robert W. Boffers</u> ADDRESS <u>Ridgeway mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 30 1960</u>		26. REGISTRAR'S SIGNATURE <u>Gella Mayey</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert R. Bassers

Licensed Embalmer No. 3376

P. O. Address Ridgeway

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.