RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS AUG 1 1960

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 53 STATE FILE NUMBER -60-027888

DED

1. PLACE OF DEATH a. COUNTY: Platte	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Preston — Length of stay in 1b: —	c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9 Miles west of Smithville, Missouri — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location): 2100 Summit — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John Middle Ernest Last Pierson

4. DATE OF DEATH: Month July Day 16, Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-17-08

9. AGE (last birthday): 51 — 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): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Car Industry

11. BIRTHPLACE (City and state or country): Branson, Kan.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John A. Pierson

13b. MOTHER'S MAIDEN NAME: Minnie Holt

14. NAME OF HUSBAND OR WIFE: Violet E. Pierson

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.: 496-05-8460

17. INFORMANT: Mrs. Allen Starr — Address: Rich Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ACCIDENTAL DROWNING

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): FELL FROM BRIDGE WHILE FISHING

DUE TO (c): (FOUND ON 7-17-60, 6 p.m.)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — ACCIDENT

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 ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): PLATTE RIVER

20f. CITY, TOWN, OR LOCATION: 9 MI. WEST OF SMITHVILLE — COUNTY: PLATTE — STATE: Mo.

21. I attended the deceased from ——, to _____ and last saw her/him alive on ——

Death occurred at APPROX. 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner

22b. ADDRESS: Platte City Mo.

22c. DATE SIGNED: 7-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-19-60

23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Rich Hill, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Booth Fun. Home Rich Hill, Missouri

25. DATE RECD. BY LOCAL REG.: 7.18.1960

26. REGISTRAR'S SIGNATURE: Ophia Rollins.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 1 1960

AUG 18 1960

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3110

P. O. Address _____

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