

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041059

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 6057 3058 Registrar's No. 132

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 30 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Charles</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Length of stay in 1b <u>9 Years</u>		c. CITY OR TOWN <u>St. Charles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>248 Blanche Dr.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>248 Blanche Dr.</u>	
3. NAME OF DECEASED (Type or print) First <u>Nova</u> Middle <u>Scotia</u> Last <u>Pieron</u>			4. DATE OF DEATH Month <u>October</u> Day <u>25</u> Year <u>1963</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>7/14/1896</u>	9. AGE (last birthday) <u>67</u>	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) <u>Rt. Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Champs Manuf. Co. Bardwell, Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W. H. Ponder</u>		13b. MOTHER'S MAIDEN NAME <u>Annaliza Petty</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur P. Pieron</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u>)		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Mrs. Tillie Summa, St. Charles, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH <u>40 months</u>	
IMMEDIATE CAUSE (a) <u>Carcinoma of Breast with</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diffuse Metastases</u>					
DUE TO (c)					
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 checked="" 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 <u>[redacted]</u> s.m. <u>[redacted]</u> p.m. <u>[redacted]</u> Month, Day, Year <u>[redacted]</u>					
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>April, 1962</u> to <u>Oct 25, 1963</u> and last saw her/him alive on <u>Oct. 20, 1963</u> Death occurred at <u>10:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thomas A. Schneider, MD</u>			22b. ADDRESS <u>207 N. 5th St. Charles, Mo</u>		22c. DATE SIGNED <u>10-25-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/28/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bardwell Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bardwell, Ky.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Arthur C. Baue, St. Charles, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct 26 - 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Zumwalt Deps</u>

USE BLACK INK OR TYPEWRITER RIBBON

