

124 72 011092

FILED

CERTIFICATE OF DEATH

MAY 30 1972 116

Registration District No.

Primary Registration District No. 3020

Registrar's No. 184

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		Allie	M.	Pierce	2. Female	3. May 22, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 75	5b. MOS.	5c. HOURS	6. Apr. 13, 1897		7a. Franklin
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Washington		7c. yes		7d. St. Francis Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Widowed		11. none	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
17. 498-22-3378		13a. Housewife		13b. Home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Mo.		14b. Franklin	14c. Union		14d. yes		14e. 402 Park Ave.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15.		George		Anderson	Elizabeth Enloe		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs Iva Weible				17b. 205 So. Cantwell Ln. Desloge, Mo.			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18.		IMMEDIATE CAUSE					
		(a) Acute Myocardial Infarction					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(b) Anemia					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(c) Possible Thalassemia					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
		19a. N		19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c.		20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
21a. I ATTENDED THE DECEASED FROM		1- 5- 72 ¹⁰		72 ¹⁰ 5-22-72		21c. 5-22-72	
						I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did not	
						DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 4:45P	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		YEAR	
22a.		4:45P		22b. 5-22-		72 4:45P	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		TITLE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. James G. Shea, M.D.		23b. James G. Shea, M.D.		23c. M.D.		5/24/72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a. 201 Elm St. Washington, Mo.		23b.		23c.		63090	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Virginia Mines Cem.		24c. St. Clair, Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP					
24d. May 25, 1972		24e. Olmann Funeral Home 103 N. Church St., Union, Mo. 63084					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. Joseph Olmann		25c. Leola C. Heidmann		25d. 5/24/72			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 29
10a. 29
10b. 071
11. 43001
12.
13. 0R02029
14. 3
15. 2824
16.
17.
18.
19. CREDITS
20.

4. 4465
DECEASED

610249

63084

JUN 7 1972

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.