

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>322 South Spanish St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>322 South Spanish St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTOR</u> b. (Middle) <u>CLAY</u> c. (Last) <u>PIERCE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED ☒ WIDOWED ☒ DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 19, 1885</u>	
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory worker</u>		11. BIRTHPLACE (State or foreign country) <u>near Jackson Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Brooks</u>		14. NAME OF HUSBAND OR WIFE <u>Lorena Wahl</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-30-0223</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carol Pearce</u> ADDRESS <u>Jackson Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Artery Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4/20/1</u>			
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 25, 1955</u> , to <u>April 5, 1955</u> , that I last saw the deceased alive on <u>April 5, 1955</u> , and that death occurred at <u>8:14 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Death or title) <u>M. O. L. Leabough M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>4-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old McRendree</u>		24d. LOCATION (City, town, or county) (State) <u>near Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Sumner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller</u> ADDRESS <u>Jackson Mo</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Gene C. Cragg

Signed.....

Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address *Jackson, 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 this body is not embalmed, fact should be so stated above.