

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-029131

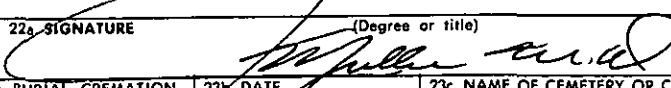

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 295

STATE FILE NUMBER

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u> | | c. CITY OR TOWN <u>Bonne Terre</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>104 Shepard St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Henry</u> Last <u>Pierce</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1965</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-22-74</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co., St. James, Mo.</u> | 9. AGE (last birthday) <u>90</u> |
| 13a. FATHER'S NAME <u>Abel Pierce</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Dodson</u> | 11. BIRTHPLACE (City and state or country) <u>USA</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. | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 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>Generalized arteriosclerosis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Florence McDowell Pierce</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>??</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Suspected tumor of stomach</u> | | | 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.) | |
| 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 <u>7-7-65</u> to <u>7-14-65</u> and last saw ^{her} him alive on <u>7-13-65</u> Death occurred at <u>2:05</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title)  | | 22b. ADDRESS <u>Bonne Terre, Missouri</u> | 22c. DATE SIGNED <u>7-16-65</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-16-65</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>C. Z. Boyer & Son, Inc.</u> | | ADDRESS <u>Terre, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>July 16, 1965</u> |
| 26. REGISTRAR'S SIGNATURE  | | | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| | | | |
|----------------|----------|------------|----------|
| DATE AMENDED | AMENDED | INSTEAD OF | DOCUMENT |
| 1 <u>0941</u> | | | |
| 2 <u>0941</u> | | | |
| 3 | <u>2</u> | | |
| 4 | <u>0</u> | | |
| 5 | <u>2</u> | | |
| 6 | | | |
| 7 | <u>0</u> | | |
| 8 | <u>2</u> | | |
| 9 <u>450.0</u> | | | |
| 10 | | | |
| 11 | | | |
| 12 <u>1-0</u> | | | |
| 13 <u>1-0</u> | | | |

BY AFFIDAVIT OF

10-10-1957

1957
11-21

0-1

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 Burlin T. Boyer, Jr

Licensed Embalmer No. 5117

P. O. Address Bone Tenn, 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.