

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 30 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42982

State File No. \_\_\_\_\_

Registration District No. 12

Primary Registration District No. 5052

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Barry

(b) City or town Eagle Rock  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community several years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry

(c) City or town Eagle Rock  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Susan Pyatt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife D. K. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 25 1857  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 8  
year 1948 hour 7 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Feb  
1946 to Nov, 1948  
that I last saw her alive on Nov 4, 1948  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>91</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Myocardial Decomposition

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Cedar County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** {

12. Name Alexander Tow

13. Birthplace South Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Stockton

15. Birthplace D. K.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sons Pierce

(b) Address Purdy, Missouri

17. (a) Burial (b) Date thereof 11-9-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaver Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Nov 9 - 1948 (b) Ans Gene Hudson  
(Date of local burial) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) Do

Address Cassville Mo Date signed 11-9-48

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul D. Herbest*

Licensed Embalmer No. *4576*

P. O. Address *Passville*

**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:** *244*

**STANDARD CERTIFICATE OF DEATH**

State File No. 42982-49

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 5054 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Eagle Rock</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ d. STREET ADDRESS (If rural, give location) _____	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>SUSAN</u> c. (Last) <u>PYATT</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>November 8 1948</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday) _____	IF UNDER 1 YEAR Month _____ Day _____	IF UNDER 1 YEAR Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b>	<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> _____ <b>ADDRESS</b> _____

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b>   YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) _____	<b>23b. ADDRESS</b> _____	<b>23c. DATE SIGNED</b> _____
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/9/48</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Beaver Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) _____
<b>DATE REC'D BY LOCAL REG.</b> <u>4-9-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Gene Hudson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> _____ <b>ADDRESS</b> _____ <u>Culver Funeral Home</u> <u>Cassville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

