

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4407

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>330</u>	
c. LENGTH OF STAY (in this place) <u>66yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Near Boss, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None -</u>			
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>		a. (First)	b. (Middle)
		c. (Last) <u>Pyatt</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1950</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/3 1884</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Marion Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha King</u>	14. NAME OF HUSBAND OR WIFE <u>Tim Pyatt</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. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tim Pyatt, Boss, Missouri</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>Hypertensive Cardio-vascular Disease</u> Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-24</u> , 19 <u>48</u> , to <u>Feb. 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 10</u> , 19 <u>50</u> and that death occurred at <u>1:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph P. Burnett, D.O.</u>		23b. ADDRESS <u>Salem, Mo</u>	23c. DATE SIGNED <u>2-11-50</u>
24a. RURAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>2/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boss, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-12-50</u>	REGISTRAR'S SIGNATURE <u>M.M. Hart, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u>	ADDRESS <u>Salem, Mo</u>

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED 2/20/50  
District Health Officer No. 5,  
District File Number 250117  
Date Filed 2/24/50

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 .....  
Student Embalmer

Signed Wm. W. McDevally

Licensed Embalmer No. 3806

P. O. Address Salem, 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.