

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9689

State File No.

BIRTH NO. REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 4335 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>	
c. LENGTH OF STAY (in this place) <u>46yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everette</u> b. (Middle) <u>--</u> c. (Last) <u>Pizer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/3/1950</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>March 31, 1861</u>	9. AGE (In years last birthday) <u>89</u>	# UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tipton Times</u>	11. BIRTHPLACE (State or foreign country) <u>Butler County, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Oliver Pizer</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Mc Candless</u>	14. NAME OF HUSBAND OR WIFE <u>Lula m. Pizer (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-----</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. Norris Pizer (Son)</u> ADDRESS <u>Tipton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4/3/53</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Feb. 25, 1950 to Mar 4, 1950, that I last saw the deceased alive on Mar. 4, 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. Potts M.D.</u> (Degree or title)	23b. ADDRESS <u>Tipton mo</u>	23c. DATE SIGNED <u>3/5/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-8-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Richards</u> ADDRESS <u>Tipton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3680

District File Number
District Health Officer No. 9
RECEIVED
MAR 14 1950

WAR 18 1950

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

James E. Richard

Licensed Embalmer No. 2466

P. O. Address

Lepton, 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.