

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12256

BIRTH NO. _____		REG. DIST. NO. <u>58</u>	PRIMARY REG. DIST. NO. <u>52-12</u>	Registrar's No. <u>10</u>
1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson T.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson T.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ned</u>		b. (Middle) <u>G</u>		c. (Last) <u>Pyatt</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-50</u>		5. SEX <u>M</u>		
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 13-1874</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Summeraville, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. SA</u>
13a. FATHER'S NAME <u>James Pyatt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Honeycutt</u>		14. NAME OF HUSBAND OR WIFE <u>Della 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>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Della Pyatt Ellsinore, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Circulatory failure due to sinility</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) (Min.)		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>3-19</u> , 19 <u>50</u> , to <u>4-19</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:40</u> <u>AM</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>Frank J. Rucinski, D.O.</u>		23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>4-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grissom Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Carter Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil A. Leuckel</u>		
DATE REC'D BY LOCAL REG. <u>April 26-50</u>		REGISTRAR'S SIGNATURE <u>Miss Octa. Henson</u>		ADDRESS <u>Van Buren, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 4-28-50
District Health Officer No. 5,
District File Number 550 252
Date Filed 5-2-50

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, on 4-19-50

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.