

STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1950

State File No. 14191

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3054 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Moberly</u> 0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 So Williams</u>		d. STREET ADDRESS (If rural, give location) <u>820 So Williams</u> 0	

3. NAME OF DECEASED (Type or Print): a. (First) <u>Lura</u> b. (Middle) _____ c. (Last) <u>Pigott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/6/23</u> 1950		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov. 2nd 1862</u>		9. AGE (in years last birthday) <u>87</u>		IF UNDER 1 YEAR: <u>5</u> Months <u>21</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>W. Joe Tillotson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Fennell</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.J. Connors</u> ADDRESS <u>Moberly, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the right hip</u> <u>Intertrochanteric</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>Arterio sclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u> <u>89030</u> <u>20</u>	
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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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly</u> <u>Ranholph</u> <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 10 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Screen door threw her down</u>	

22. I hereby certify that I attended the deceased from Apr 10, 1950, to Apr 23, 1950, that I last saw the deceased alive on Apr 1, 1950 and that death occurred at 11:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>4/23</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 26th 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>					

DATE REC'D BY LOCAL REG. <u>Apr 26-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Moberly and Sav. Moberly, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 19 1950

RECEIVED MAY 1 1950
District Health Officer No. 1
District File Number _____
Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Frank B. West

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Proberly 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.