

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32933**

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Polk Township</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant Hill 7 miles East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memoral Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Falita</u> b. (Middle) <u>-</u> c. (Last) <u>Pilcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 27 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 10, 1925</u>		9. AGE (In years last birthday) <u>25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Newark, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	

13a. FATHER'S NAME <u>Rubenn Henley</u>		13b. MOTHER'S MAIDEN NAME <u>Vira Henley</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Pilcher</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George W. Pilcher-Pleasant Hill, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory p. Caesarian Section</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Band's Ring Contracture</u>			
		DUE TO (c) <u>Pregnancy - Full Term</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>9-27-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>BANDS Ring - Uterus. Stillborn Child</u>		20. AUTOPSY? YES <input checked="" 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 March, 1950, to September, 1950, that I last saw the deceased alive on Sept. 27, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>William S. Brown, M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 118 Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>Sept 28, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cemetery</u>	
				24d. LOCATION (City, town, or county) <u>Strasburg Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Oct 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Brownfield Pleasant Hill, Mo.</u>	
---	--	---	--	---	--

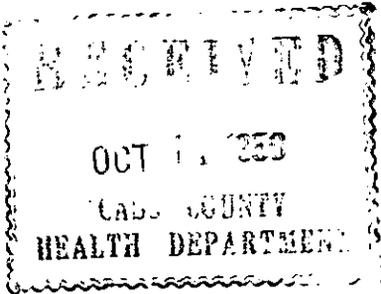
(Licensed Embalmer's Statement on Reverse Side)

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

0190

0190

6755



OCT 25 1955

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 William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill 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.