

STANDARD CERTIFICATE OF DEATH

State File No. 37968

FILED NOV 28 1950

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 363	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sedalia</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton & Sedalia</u>		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Berna Vista Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>EVA</u>		a. (First)		b. (Middle) <u>BELLE</u>		c. (Last) <u>HOLSEN PILLER</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 30-75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretarial work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>office work</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington, Ill</u>		9. AGE (in years last birthday) <u>75-3-17</u>	
13a. FATHER'S NAME <u>Elishah Holsemiller</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Maria Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Chas Griffin Smithton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chas Griffin Smithton Mo</u>		ADDRESS	
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>Chronic Myo Carditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 1-</u> 1950, to <u>Nov 17</u> , 1950, that I last saw the deceased alive on <u>Nov 15</u> , 1950, and that death occurred at <u>5 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Campbell M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>Nov 18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-28-1950</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Keeney</u> ADDRESS <u>Smithton Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 11-27-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 11-22-50

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

A. F. Neumann

Licensed Embalmer No. 3912

P. O. Address *Smithton 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.