

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 3896 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fail - Rural - Noble - Alfalfa
c. LENGTH OF STAY (In this place) 0770
d. FULL NAME OF (If not in hospital or institution, give street address or (beating) HOSPITAL OR INSTITUTION Fail - Ozark Co. - Noble - Alfalfa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ozark
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fail - Rural - Noble - Alfalfa
d. STREET ADDRESS (If rural, give location) Rural - Fail - Ozark Co.

3. NAME OF DECEASED
a. (First) THOMAS b. (Middle) FREEMAN c. (Last) PILAND
4. DATE OF DEATH (Month) (Day) (Year) Dec - 22 - 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 8 - 1877
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 3 Days 14 IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Ozark Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elyah Tom Piland
13b. MOTHER'S MAIDEN NAME Sarah Ann Bennett
14. NAME OF HUSBAND OR WIFE Nellie Piland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eula Herd - Fail, Missouri
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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 18 Mo
156A

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) m.
21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to Dec 22, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Sherman M.D.
23b. ADDRESS Samburg, Mo.
23c. DATE SIGNED 12-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/24/50
24c. NAME OF CEMETERY OR CREMATORY Thornfield Cemetery
24d. LOCATION (City, town, or county) (State) Fail - Ozark Co. Mo.

DATE REC'D BY LOCAL REG. 30-12-50
REGISTRAR'S SIGNATURE Mae Johnson
FUNDAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Samburg, Mo.

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

0770

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 6 1951

157-66

Date 1-8-51

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 Chuter A Roof

Licensed Embalmer No. 3044

P. O. Address Springville 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.