

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3540**

FILED FEB 13 1951

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6183** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY SULLIVAN)	
b. CITY OR TOWN RURAL-POLK	c. LENGTH OF STAY (in this place) 1 1/2 YRS	c. CITY OR TOWN HARRIS MO 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION COUNTY NURSING HOME		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) VIRGIL	a. (First)	b. (Middle)	c. (Last) PILES	4. DATE OF DEATH (Month) (Day) (Year) JAN. 4 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG 19 1922	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY FARM LABOR	11. BIRTHPLACE (State or foreign country) SULLIVAN MO	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME JOHN PILES	13b. MOTHER'S MAIDEN NAME MARTHA SMITH	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Nursing Home Records	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2700
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cowpox Disease		
	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.		4500	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from **1-2**, 1951, to **1-4**, 1951 that I last saw the deceased alive on **1-3**, 1951, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Est. Simpson D.D.	(Degree or title)	23b. ADDRESS Missouri	23c. DATE SIGNED 1-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-51	24c. NAME OF CEMETERY OR CREMATORY Union Grove	24d. LOCATION (City, town, or county) (State) Weldon Springs Mo
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DATE REC'D BY LOCAL REG. Feb. 8 - 1951	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	320	25. FUNERAL DIRECTOR'S SIGNATURE Deppert & Son	ADDRESS Weldon Springs
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(Licensed Embalmer's Statement on Reverse Side)

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

10504

Date Received: FEB 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-341
Date Filed: FEB 9 1951

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.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3792

P. O. Address.....
Melan 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.