

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27187

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Milan		c. LENGTH OF STAY (In this place) 73 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Milan		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Hannah Elizabeth		b. (Middle) Piazier		c. (Last) Piazier	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 3-8-73		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 1		IF UNDER 24 HOURS Hours 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Paul Shatto		13b. MOTHER'S MAIDEN NAME Elizabeth Wattenbarger		14. NAME OF HUSBAND OR WIFE - Roy Piazier (decd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hadley Piazier Milan, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) Coronary Artery				7 yrs.	
ANTECEDENT CAUSES		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 156A				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July - 1950, to 5-2, 1951, that I last saw the deceased alive on 5-2, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. W. Simpson (Degree or title)				23b. ADDRESS Milan		23c. DATE SIGNED 5-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Milan - Mo	
DATE REC'D BY LOCAL REG. May 17 - 1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320		25. FUNERAL DIRECTOR'S SIGNATURE Dorothea Schaefer		ADDRESS Milan - Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **MAY 21 1951**
DISTRICT HEALTH OFFICE #2
District File Number *5-51-935*
Date Filed: **MAY 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Dwight Schauer*

Licensed Embalmer No. *2687*

P. O. Address *Nubur - Wis*

Notes: 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.