

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21960

241
3

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

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY OR TOWN <u>Hot Floor of Plant</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARBISON WALKER REFR</u>		d. STREET ADDRESS (If rural, give location) <u>1402 N. Jefferson St.</u>	
3. NAME OF DECEASED a. (First) <u>GUY</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>PILTOSKI</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>16</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 15, 1904</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Industry</u>	9. AGE (In years last birthday) <u>46</u>
11. BIRTHPLACE (State or foreign country) <u>Bristol, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Piltoski</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie White</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie Piltoski</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Piltoski, Mexico, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-05-7145</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombus of Left Coronary artery.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>July, '46 evidence of atherosclerosis of aorta</u> DUE TO (c) <u>play. Cell died while at work</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Harbison & Walker Refractories, Vandalia, Mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Post Mortem Findings of Henry H. Secrest, M.D.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Cause</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Vandalia Audrain Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mid 7-16-51 20m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None.</u> 4201	
22. I hereby certify that I attended the deceased from <u>Crownac, Case</u> , 19 <u>67</u> , that I last saw the deceased <u>Relied on July 16th</u> , 19 <u>67</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. C. Adams, M.D. Crownac</u> (Degree or title)		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>7-19-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 18, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jal E. Pugh</u> ADDRESS <u>Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 18 1951</u>		REGISTRAR'S SIGNATURE <u>Mallie Fugue</u>	

REC-3 1951

Date Received: JUL 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1333
Date Filed: JUL 27 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 Earl E. Pugh

Signed.....
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.