

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34494**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 251 **PRIMARY REG. DIST. NO.** 3048 **Registrar's No.** 236

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Nodaway</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Quitman</u>	
c. LENGTH OF STAY (In this place) <u>7 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CHARLEY</u>		b. (Middle) <u>ROY</u>	
c. (Last) <u>PIATT</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10 12 51</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>6/16/81</u>
<b>9. AGE</b> (In years last birthday) <u>70</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Ringold Co., Iowa</u>	
<b>13a. FATHER'S NAME</b> <u>Oscar Piatt</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Eliza VanSkiver</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Sarah Edwards Piatt, dec.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Henry Piatt, Maryville, Missouri</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mths</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Cardio-Vascular disease</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senescent Arterio-sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Endarteritis Obliterans</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>(Complete) of left foot &amp; leg to knee.</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>May 2</u> , 19 <u>51</u> to <u>Oct. 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>51</u> and that death occurred at <u>1:20P</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>W.R. Jackson</u> (Degree or title) <u>M. D.</u>		<b>23c. DATE SIGNED</b> <u>10/17/51</u>	
<b>23b. ADDRESS</b> <u>Maryville, Missouri</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>10/13/51</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Enyart</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Enyart, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-3-51</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Kess Holt</u> <u>229</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Price Funeral Home, Maryville, Mo.</u>		<b>ADDRESS</b>	

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

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**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.....

*Clem M. Price*

Signed.....

Student Embalmer

Licensed Embalmer No. *1822*

P. O. Address *Marionville, 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.