

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 352

340

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u> | |
| c. LENGTH OF STAY (in this place) <u>9 DAYS</u> | | d. STREET ADDRESS (If rural, give location) <u>W. CALDWELL ST.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSP.</u> | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>MOORHEAD</u> c. (Last) <u>PILCHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 10, 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>JULY 31, 1875</u> | | 9. AGE (In years last birthday) <u>76</u> | | 10. F UNDER 1 YEAR Months <u>3</u> Days <u>9</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>NOAH PILCHER</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>KATHRINE DOWELL</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARTHA PILCHER</u> | | | |

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|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. E. M. PILCHER, PARIS, MO.</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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urna</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> | | DUE TO (c) <u>Mitral stenosis</u> | | <u>6 mo.</u> | |
| 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 | | 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) <u>177X</u> | |
| 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 Nov. 2, 19 51, to Nov. 19, 19 51, that I last saw the deceased alive on Nov 10, 19 51, and that death occurred at 10:45a m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>1001 Edwy, Hannibal, Mo.</u> | | 23c. DATE SIGNED <u>11-13-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-12-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>PARIS — Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | | |
| 25. ADDRESS <u>PARIS, Mo.</u> | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-14-51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | |
| | | | | ADDRESS <u>PARIS, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 17 1951
MO. HEALTH DEPT.
DATE FILED NOV 20 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.....
E. W. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.