

No. FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12487

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY OR TOWN Salem		c. CITY OR TOWN Summerville 1010	
c. LENGTH OF STAY (in this place) 10yrs		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home			

3. NAME OF DECEASED (Type or Print) Mary Pyatt	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4/11/52
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 4/25/69	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Summerville Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Samuel Barton	13b. MOTHER'S MAIDEN NAME Cynthia Barton	14. NAME OF HUSBAND OR WIFE XXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs Carl Pyatt	ADDRESS Salem Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis Hypertension		
	DUE TO (c) Weakness Metastasis		
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 442X	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) m.	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 Feb 1952, to 4-11-52, 19, that I last saw the deceased alive on 4-11-52, 19, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph R. Burnett	(Degree or title)	23b. ADDRESS Salem Mo	23c. DATE SIGNED 4-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/52	24c. NAME OF CEMETERY OR CREMATORY Riley Cem	24d. LOCATION (City, town, or county) (State) Summerville Mo
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DATE REC'D BY LOCAL REG. 4-14-52	REGISTRAR'S SIGNATURE M. M. Hart, M.D. by M.E.S.	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

331

1907 67 067

**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.

Student .....  
Student Embalmer

Signed Paul H. Jones

Licensed Embalmer No. 2370

P. O. Address Salem, 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.