

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29154

State File No. _____

No. 300
10.48

FILED AUG 26 1952

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <u>St. Clair 0930</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair 0930</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. LENGTH OF STAY (in this place) <u>37 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>Herschel</u> b. (Middle) <u>S.</u> c. (Last) <u>Pyeatt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 3, 1952</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 3, 1869</u>	9. AGE (In years last birthday) <u>83</u>	9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Pyeatt</u>		13b. MOTHER'S MAIDEN NAME <u>Threase Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie V. Pyeatt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie Pyeatt, Osceola Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>cerebral hemorrhage - 8 yrs ago</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>uric acid</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>352X</u>
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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?			
22. I hereby certify that I attended the deceased from _____, 19<u>49</u> to <u>Aug 3</u>, 19<u>52</u>, that I last saw the deceased alive on <u>Aug 2</u>, 19<u>52</u>, and that death occurred at <u>10:00</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ruth Beavers M.D.</u>			23b. ADDRESS <u>Osceola</u>		23c. DATE SIGNED <u>8-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-4-52</u>	REGISTRAR'S SIGNATURE <u>Ruth Beavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. [Signature]</u>	ADDRESS <u>Osceola Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed J. B. Goodrich

Signed _____
Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Greenwood

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.