

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43232**

JAN 7 - 1952

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **4461** Registrar's No. **421**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Bismarck		c. CITY (If outside corporate limits, write RURAL and give township) Bismarck	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) MARTIN c. (Last) PILE			4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 1952		
--	--	--	--	--	--

5. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 5 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 24 HRS. Hours 0 Min. 0
---	-------------------------------	--	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fireman	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Rail Road	11. BIRTHPLACE (City and State or Foreign Country) Somerset Co. Pa.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME Graft Martin Pile	13b. MOTHER'S MAIDEN NAME Susan Baker	14. NAME OF HUSBAND OR WIFE Marguerita H. Pile
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry M. Pile	ADDRESS Bismarck Mo.
---	-------------------------	--	--------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age		
	DUE TO (c) None		
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 0	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) Bismarck Mo.
--	--	--

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 **12/27 1952**, to **Dec 26 1952**, that I last saw the deceased alive on **Dec 26 1952**, and that death occurred at **4:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Gale MD	(Degree or title) MD	23b. ADDRESS Bismarck Mo.	23c. DATE SIGNED Dec 27 1952
--	-----------------------------	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-52	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Bismarck Mo.
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. Dec 28 1952	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Bismarck Mo.
--	--	---	--------------------------------

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

740
1

1954
AUG 30
ST 10 1953

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 *Arnold J. Tuttle*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Boston, Mass.*.....

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.