

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22351

State File No.

FILED JUL 1 - 1953

BIRTH NO.

REG. DIST. NO. 265

PRIMARY REG. DIST. NO. 3896

Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wasola, R. Noble		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wasola, Rural, Noble	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0770 0	
3. NAME OF DECEASED (Type or Print) a. (First) Marcus		b. (Middle) Piland	
c. (Last) Piland		4. DATE OF DEATH (Month) (Day) (Year) 6-16-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-29-70
9. AGE (In years last birthday) 82		10. MONTH 82	11. DAY 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Foil, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Piland	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Della Frances Piland	
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. None	
17. INFORMANT'S SIGNATURE OR NAME E. Claude Piland		ADDRESS Wasola, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Syndrome ANTECEDENT CAUSES Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old operation for Ca of Lung	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 6-16 , 19 53 , and that death occurred at 4 P m., from the causes and on the date stated above.	
23a. SIGNATURE M. C. Gentry		(Degree or title) M.D.	
23b. ADDRESS Ava, Mo		23c. DATE SIGNED 6-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-20-53	
24c. NAME OF CEMETERY OR CREMATORY Thornfield		24d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
DATE REC'D BY LOCAL REG. 6-29-53		REGISTRAR'S SIGNATURE Max Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard		ADDRESS Funeral Home, Ava, Mo.	

(Licensed Embellisher'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.

Student
Student Embalmer

Signed Lyle G. Glinkinghead

Licensed Embalmer No. 4830

P. O. Address Avon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.