

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38432

State File No. ....

FILED DEC 1 - 1953

BIRTH NO. ....

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 5158

Registrar's No. 387

387

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Callaway				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Bourbon Twp township)		c. LENGTH OF STAY (In this place) 1 1/2 years		c. CITY OR TOWN Fulton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) R.F.D.# 5 0140 2				
3. NAME OF DECEASED (Type or Print) Marie			a. (First)		b. (Middle)		c. (Last) Piquard	
4. DATE OF DEATH Nov. 25 1953		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct-6-1878		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 1 Days 19		
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Mt. Hope, Ohio		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Francis Piquard		13b. MOTHER'S MAIDEN NAME Mary Magdalele Monett		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.W. Scruggs Fulton, Mo R#5				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver with ANTECEDENT CAUSES Cachexia, inanition		DUE TO (b) X-ray did not reveal any disease				Year		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						
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 outside of liver				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)				
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 April 12, 1949, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 10:20 P. m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS Fulton Mo		23c. DATE SIGNED 12/1/53		
24a. BURIAL, CREMATION, BENEFIT (Specify) Burial		24b. DATE Nov-30-1953		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton, Mo		
DATE REC'D BY LOCAL REG. Nov-28-1953		REGISTRAR'S SIGNATURE Margetta Lawrence 4265		25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton, Mo				

(Licensed Embalmer's Statement on Reverse Side).

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

DEC 14 1954

---

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.....  
Signature of Student Embalmer

Signed *William C. Trush*

Licensed Embalmer No. *4874*

P. O. Address *Hullton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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