

FILED MAY 4 1955
RN-7659
XC-1738364

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11154
State File No. _____
Registrar's No. 275

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 175 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenway
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If rural, give location) 8032 8	

3. NAME OF DECEASED (Type or Print)	a. (First) SELDON	b. (Middle) JEFFERSON	c. (Last) PILLOW	4. DATE OF DEATH (Month) (Day) (Year) April 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Senath, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME JAMES PILLOW	13b. MOTHER'S MAIDEN NAME ELLEN PYLE	14. NAME OF HUSBAND OR WIFE MYRTLE PILLOW
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PURULENT PERICARDITIS		
	ANTECEDENT CAUSES 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. PULMONARY EMPHYSEMA			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 432x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 Oct. 29, 1954, to Apr. 22, 1955, and that death occurred at 5:13 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) ERNEST M. TAPP, M. D., Chief, Prof. Svd.	23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	23c. DATE SIGNED 4-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-24-55	24c. NAME OF CEMETERY OR CREMATORY Mitchel Cem.	24d. LOCATION (City, town, or county) (State) Greenway Ark.
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DATE REC'D BY LOCAL REG. 4/25/55	REGISTRAR'S SIGNATURE R. H. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Riggall Ark	ADDRESS
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Leroy J Tyler

Licensed Embalmer No. 4941 MD

P. O. Address Piggott Ark.

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.