

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42063**

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

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5661		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, write RURAL and give town or township) HIGHLAND			c. LENGTH OF STAY (in this place) 2 mos.		c. CITY OR TOWN LEWISTOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0560
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LANGE REST HOME				e. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXXXXXXXXXXXXXX			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) JEFFERSON		c. (Last) PINER		4. DATE OF DEATH (Month) (Day) (Year) DEC. 7, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/1/1877		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARM		11. BIRTHPLACE (City and State or Foreign Country) LEWISTOWN, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME THOMAS PINER		13b. MOTHER'S MAIDEN NAME LUCRETIA WALLACE		14. NAME OF HUSBAND OR WIFE MYRTLE RENZ PINER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XXXXXXXXXX 491-14-1433		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS McCUTCHAN WILLIAMSTOWN, 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) Cerebral Vascular accident. ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH 4 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 321X					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 Aug 1956 , to 7 Dec 1956 , that I last saw the deceased alive on 5 Dec 1956 , and that death occurred at DOA m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W Will DO.			23b. ADDRESS LEWISTOWN, MISSOURI			23c. DATE SIGNED 12/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/9/56	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN		24d. LOCATION (City, town, or county) (State) LEWISTOWN, MO.		
DATE REC'D BY LOCAL REG. 12-11-56		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles S. Powell, S. Lewistown, Mo.			

(Recorded Embalmer's Statement on Reverse Side)

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.....
Charles L. Arnold, Jr.

Licensed Embalmer No...4667...

P. O. Address .LEWISTOWN, .M.

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.