

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31399

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 120 Primary Registration District No. 5446 Registrar's No. 107

Health, Welfare and Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Gentry</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Gentry</b>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Guilford, Cooper Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                               | c. CITY OR TOWN <b>Guilford</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b  |                               | d. STREET ADDRESS (If outside, give location) <b>2360</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |  |
| 3. NAME OF DECEASED (Type or print) <b>EMMA</b> First <b>EMMA</b> Middle <b>PIATT</b> Last <b>PIATT</b>   |                               | 4. DATE OF DEATH <b>9-1-1957</b> Month <b>9</b> Day <b>1</b> Year <b>1957</b>  |  |
| 5. SEX <b>female</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-8-1884</b>                               |
| 9. AGE (In years by birthday) <b>73</b>   |                               | IF UNDER 1 YEAR Months Days Hours Min.   | IF UNDER 24 HRS. Hours Min.                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>home own</b>  | 11. BIRTHPLACE (City and state or country) <b>Guilford, Mo</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |                               | 13. FATHER'S NAME <b>Wm. VanFosson</b>   |  |
| 14. MOTHER'S MAIDEN NAME <b>Alice Smith</b>   |                               | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>                                      |  |
| 16. SOCIAL SECURITY NO. <b>unknown</b>  |                               | 17. INFORMANT <b>Wm. L. Piatt, Guilford, Mo.</b> Address   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                               |  | INTERVAL BETWEEN ONSET AND DEATH <b>Jan 1957</b>               |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>none</b>  |                               | 20c. TIME OF INJURY Hour Month Day Year <b>none</b>  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION  |                               | COUNTY STATE   |  |
| 21. I attended the deceased from <b>Jan 1 1957</b> to <b>9/1/57</b> and last saw her <b>alive</b> on <b>8/28/57</b> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |  |  |
| 22a. SIGNATURE <b>V. Reelion mo</b> (Degree or title)   |                               | 22b. ADDRESS <b>Residence, Mo.</b>   |  |
| 22c. DATE SIGNED <b>9/1/57</b>  |                               | 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  |
| 23b. DATE <b>9/3/1957</b>   |                               | 23c. NAME OF CEMETERY OR CREMATORY <b>Whitesville Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county) <b>Whitesville, Mo.</b>   |                               | (State)  |  |
| 24. FUNERAL DIRECTOR <b>Don Stinson</b> ADDRESS   |                               | 25. DATE RECD. BY LOCAL REG. <b>9-16-57</b>  |  |
| 26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>  |                               |  |  |

(Licensed 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 *G M Atkinson*.....

Licensed Embalmer No. *22*

P. O. Address *Maryville*.....

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.