Health, Welfare 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 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 18031-58

58-006901
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. — Length of stay in 1b 11 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Frankclay 0940 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Julia Ann; Middle Elizabeth; Last Pyatt
4. DATE OF DEATH: Month Feb. Day 28. Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 28, 1958
9. AGE (In years last birthday): ----- IF UNDER 1 YEAR: Months -- Days -- IF UNDER 24 HRS.: Hours 11 Min. 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ohmer Pyatt
14. MOTHER'S MAIDEN NAME: Gladys Abernathy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: --------
17. INFORMANT: Ohmer Pyatt Address: Frankclay, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congenital atelectasis. — INTERVAL BETWEEN ONSET AND DEATH: 11 hours 50 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurety
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7625
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2/28/58, to 2/28/58 and last saw ~~dec~~ alive on 2/28/58
Death occurred at 11:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Bonne Terre, Mo.
22c. DATE SIGNED 3/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/1/1958
23c. NAME OF CEMETERY OR CREMATORY: Adams Cemetery
23d. LOCATION (City, town, or county) (State): Frankclay, Missouri
24. FUNERAL DIRECTOR: Bert L. Boyer ADDRESS: Leadwood, Mo.
25. DATE RECD. BY LOCAL REG.: March 1, 1958
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(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 em

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4

P. O. Address Lexington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.