

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009376
State File No.

FILED MAR 20 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY - <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>r Salem</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Turtle</u>	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 <u>Part Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>Linn Typ</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William Harrison</u>	b. (Middle) <u>Pyatt</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 16 1958</u>
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5. SEX <u>maled</u>	6. COLOR OR RACE <u>whirc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 28 1873</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Pyatt</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Tinker</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Beers Pyatt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Pyatt Boss Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of intestine</u>		
	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. <u>Arteriosclerotic heart disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1539</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>0</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/21, 1945, to 3/16, 1958, that I last saw the deceased alive on 3/16, 1958, and that death occurred at 2:55P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Hart M.D.</u>	(Degree or title) <u>D</u>	23b. ADDRESS <u>Salem Mo.</u>	23c. DATE SIGNED <u>3/17/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar 18 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boss Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Boss Mo</u>
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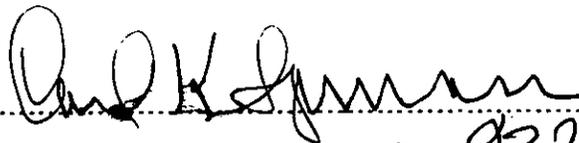
DATE REC'D BY LOCAL REG. <u>3/17/58</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Shuman</u>	ADDRESS <u>Salem Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... 

Licensed Embalmer No. 937

P. O. Address Palmdale

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.