No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025017
State File No.

FILED AUG 6 1958

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No. 24

0280
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1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wesco Union
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Noda Wallsm Daughter's res.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Crawford
c. CITY OR TOWN Cuba 0280 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R. R. # 3

3. NAME OF DECEASED (Type or Print)
a. (First) James Andrew
b. (Middle) Nichols [redacted]
c. (Last) PYATT

4. DATE OF DEATH (Month) (Day) (Year) July 29, 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 12, 1878
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 9 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, O. A. Pensioner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cherryville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Benjamin Pyatt
13b. MOTHER'S MAIDEN NAME Sarah Hopkins
14. NAME OF HUSBAND OR WIFE Carrie Adelia (Dec'd)

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. None
17. INFORMANT'S SIGNATURE OR NAME Noda Walls, Wesco, Missouri ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of bladder — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1810
20. AUTOPSY? YES ☐ NO ☐ 0

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1947 *to* July, 1958, *that I last saw the deceased alive on* July 19, 1958, *and that death occurred at* 5 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) DO 2
23b. ADDRESS Steelville, Missouri
23c. DATE SIGNED 8-1-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/31/58
24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery
24d. LOCATION (City, town, or county) (State) Cherryville, Missouri

DATE REC'D BY LOCAL REG. 8-1-58
REGISTRAR'S SIGNATURE [signature] deputy
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

50

AUG 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 947

P. O. Address Cuba, Mo

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