

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012208
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico 00430 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 911 S. Clark St.		Length of stay in 1b 15 yrs.	d. STREET ADDRESS (If outside, give location) 911 S. Clark St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ida Middle Wilson Last Piatt			4. DATE OF DEATH Month April Day 25 Year 1959	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1868	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.	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) Widow at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Richland, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wesley Wilson	13b. MOTHER'S MAIDEN NAME Sarah Shoptaugh	14. NAME OF HUSBAND OR WIFE James N. Piatt
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Frank Piatt Address Mexico, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Colon		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538		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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from April 10, 59 to April 23, 59 and last saw her alive on April 23, 1959 Death occurred at 12:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. Anna Kelley MD (Degree or title)	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 4/25/59 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/26/59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or country) Evansville Indiana
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24. FUNERAL DIRECTOR Arnold Funeral Home	ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. April 25-1959	26. REGISTRAR'S SIGNATURE Blanche Keely
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
APPROVED BY: J. Anna Kelley MD

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 *Leo G. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Mexico Mo*

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.