

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039285

FILED VS. OCT 20 1960

275

Primary Registration District No. 5939

Registrar's No. 200

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cold Springs Twp.</b>		Length of stay in 1b <b>3 yrs</b>	c. CITY OR TOWN <b>Lake Springs</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 <b>at residence</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>--</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Edna</b> Middle <b>Pyeatt</b> Last			4. DATE OF DEATH Month <b>Oct</b> Day <b>11</b> Year <b>1960</b>			
5. SEX <b>male</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>11-20-38</b>	9. AGE (last birthday) <b>21</b>	
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>x</b>	11. BIRTHPLACE (City and state or country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Wayman McInnev</b>		13b. MOTHER'S MAIDEN NAME <b>Bonnie Woods</b>		14. NAME OF HUSBAND OR WIFE <b>Earnest Pyeatt</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>x</b>	17. INFORMANT Address <b>Earnest Pyeatt Lake Springs Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Natural causes. Degeneration from epilepsy.</b>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>This woman had been under care of Dr. B.J. Bass of Salem, Mo., for severe epilepsy. However he had not seen her for a while, and she died at home.</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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
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.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year					
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 <del>XXXXXX</del> to <del>XXXXXX</del> Death occurred at <b>5:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Nadene L. Stoll Local Registrar</b> (Degree or title)			22b. ADDRESS <b>1009 Lywood Drive, Rolla, Mo.</b>		22c. DATE SIGNED <b>10-12-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Springs Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Lake Springs Mo</b>		
24. FUNERAL DIRECTOR <b>Spencer Funeral Home Inc</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Oct. 12, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl H. Spence

Licensed Embalmer No. 230

P. O. Address Salmon

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