

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026848

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5526 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 24 1962**

1. PLACE OF DEATH  
 a. COUNTY HICKORY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Preston Length of stay in lb 144RS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO b. COUNTY HICKORY  
 c. CITY OR TOWN Preston Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Thomas Middle Le Roy Last Pile 4. DATE OF DEATH Month 7 Day 10 Year 1962

5. SEX male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4-12-1891 9. AGE (last birthday) 81 IF UNDER 1 YEAR Months 2 Days 28 IF UNDER 24 HR Hours 2 Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former stockman 10b. KIND OF BUSINESS OR INDUSTRY Farming & livestock 11. BIRTHPLACE (City and state or country) Hickory Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Joseph H. Pile 13b. MOTHER'S MAIDEN NAME Mary Stark 14. NAME OF HUSBAND OR WIFE Lennie Pile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Lennie Pile Address Preston, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) apoplexy  
 DUE TO (b) arterio sclerosis  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 June 10-62 to July 10-62 and last saw <sup>her</sup>him alive on July 10-62  
 Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. O. Bailey Do 22b. ADDRESS 222 S. Main St. Hickory, Mo 22c. DATE SIGNED 7-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE July 13-62 23c. NAME OF CEMETERY OR CREMATORY Fisher Cem. 23d. LOCATION (City, town, or county) (State) Hickory Co., MO

24. FUNERAL DIRECTOR Allen W. Vaughan ADDRESS 222 S. Main St. Hickory, Mo 25. DATE RECD. BY LOCAL REG. 7-16-1962 26. REGISTRAR'S SIGNATURE May Johnson

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1 0430

2 0430

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9 334X

10

11

12 90-2

13 1-0

**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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Zerbanua, 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.