

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19120

State File No.

BIRTH NO.

REG. DIST. NO. 114PRIMARY REG. DIST. NO. 17437Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Franklin - Meramec Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give TOWN <u>Sullivan R.F.D.</u>)		c. LENGTH OF STAY (in this place) <u>6 weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Pacific, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3304</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>R</u> c. (Last) <u>PYEATT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>August 19, 1888</u>
9. AGE (in years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Pacific, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elisha Pyeatt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Pyeatt</u>		ADDRESS <u>St. Louis, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>post pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-22, 1949</u> , to <u>6-19, 1949</u> , that I last saw the deceased alive on <u>6-1-</u> , 19 <u>49</u> , and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Pyeatt M.D.</u>		23b. ADDRESS <u>Sullivan Mo</u>	
23c. DATE SIGNED <u>7/22/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pacific City</u>		24d. LOCATION (City, town, or county) (State) <u>Pacific, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>John P. Thelges</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Thelges</u>		ADDRESS <u>Pacific, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 27 1949
District Health Officer No. 9,
District File Number

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.

Signed _____

August Burns A.

Licensed Embalmer No. _____

4338

Signed _____
Student Embalmer

P. O. Address _____ Pacific, Missouri

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 this body is not embalmed, fact should be so stated above.