

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1885

State File No.

0730

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 6

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> | | c. LENGTH OF STAY (In this place) <u>3wk</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> <u>0730</u> | |
| | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>PILANT</u> c. (Last) <u>PILANT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>7-24-1876</u> |
| 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u> | 11. BIRTHPLACE (State or foreign country) <u>Granby Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Wm. Pilant</u> | | 13b. MOTHER'S MAIDEN NAME <u>Adeline Brown</u> | 14. NAME OF HUSBAND OR WIFE <u>Stella Pilant</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>nk</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Everett Richardson</u> ADDRESS <u>Neesho</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>442X</u> | |
| 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) | 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>Jan 7</u> , 19 <u>50</u> , to <u>Jan. 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 24</u> , 19 <u>50</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles O. Chester, D.O.</u> | | 23b. ADDRESS <u>Granby Mo</u> | 23c. DATE SIGNED <u>1/24/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-25-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Granby n</u> | 24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Jan. 24, 1950</u> | REGISTRAR'S SIGNATURE <u>M. L. Young</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. C. Clevver - Shewmake</u> ADDRESS <u>Granby Mo</u> | |

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

RECEIVED

District Health Officer No. *Newton Co Health Dept.*

District File Number *150-38*

Date Filed *FEB 2 1950*

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
Student Embalmer

Signed *G. E. Clevver*

Licensed Embalmer No. *3584*

P. O. Address *Cassville, 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 this body is not embalmed, fact should be so stated above.