

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1950

State File No. 35223

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8270

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN Mare MO	
c. LENGTH OF STAY (In this place) 60 D		d. STREET ADDRESS (If rural, give location) Rual 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION 35423 Montana			

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Anna c. (Last) Pillen			4. DATE OF DEATH (Month) (Day) (Year) 9 30 50		
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-22-1875	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 2 HRS. Hours 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Mare MO	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Gyle Whitworth	13b. MOTHER'S MAIDEN NAME Dora	14. NAME OF HUSBAND OR WIFE I know Frank Pillen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ross Pillen	17. ADDRESS G. Subville
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage right side		INTERVAL BETWEEN ONSET AND DEATH Aug 25-50
	ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis known		
	DUE TO (c) Myocardial damage		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from Aug 2, 1950, to Sep 30, 1950, that I last saw the deceased alive on Sep 30, 1950, and that death occurred at 11:22 m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. B. Laster	(Degree or title)	23b. ADDRESS 1313 S. ...	23c. DATE SIGNED 10/1/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-3-50	24c. NAME OF CEMETERY, OR CREMATORY Subville Cemetery	24d. LOCATION (City, town, or county) (State) Subville MO
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DATE REC'D BY LOCAL REG. OCT 2 1950	REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Casey	25. ADDRESS Lenox St. Clair
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Frank Amaling

Student Embalmer No. *364*

working under my personal supervision:

Student *Frank Amaling*
Student Embalmer

Signed

H. M. Lerot

Licensed Embalmer No. *3601*

P. O. Address *St. Cloud, Fla.*

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.