

No. 300
10.48

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13436

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6295 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foil, R,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foil, Rural 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Miles b. (Middle) Everett c. (Last) Piland			4. DATE OF DEATH (Month) 4 (Day) 15 (Year) 51
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 10-22-72
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Foil, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Elisha Thomas Piland		13b. MOTHER'S MAIDEN NAME Sarah Merritt	
14. NAME OF HUSBAND OR WIFE Estella Piland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgie Osburn Smalette, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 493X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 4-5-51 to 4-14-51, that I last saw the deceased alive on 4-14-51, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Ava, Mo.	
23c. DATE SIGNED 4-23-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 4-19-51	
24c. NAME OF CEMETERY OR CREMATORY Peters		24d. LOCATION (City, town, or county) (State) Foil, Missouri	
DATE REC'D BY LOCAL REG. 4-29-51		REGISTRAR'S SIGNATURE 243 Mae Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			

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

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 457-934

Date Filed 4-30-51

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 Lyle G. Clinkingbeard

Licensed Embalmer No. 4830

P. O. Address Osage, 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.