

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13437

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5896 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Douglas Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noble, R, Noble</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noble, Rural, Noble</u> <u>0770</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) _____ c. (Last) <u>Piland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-7-81</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Noble, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Bennett</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Piland</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Freeman Piland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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) <u>Woman</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertension</u> <u>2 mo</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>		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) 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 _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:18</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. Gentry</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ava, Mo</u>	23c. DATE SIGNED <u>4-18-51</u>
24a. BURIAL, CREMATION, (Specify)	24b. DATE <u>4-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u>	24d. LOCATION (City, town, or county) (State) <u>Thornfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>K-28-61</u>	REGISTRAR'S SIGNATURE <u>Mae Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Linkingbeard</u>	ADDRESS <u>Funeral Home, Ava, Mo.</u>

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

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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 457-935

Date Filed 4-30-57

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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. Linkingbeard*

Licensed Embalmer No. 4830

P. O. Address Area, 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.