

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2527

FILED JAN 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frankclay		c. LENGTH OF STAY (in this place) 5 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frankclay		d. STREET ADDRESS (If rural, give location) Frankclay	

3. NAME OF DECEASED (Type or Print) a. (First) Pleasant Monroe b. (Middle) Pyatt c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1952
---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1873	9. AGE (in years) (last birthday) Months Days Hours Min. 78 1 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberworker		10b. KIND OF BUSINESS OR INDUSTRY Timber		11. BIRTHPLACE (State or foreign country) Missouri
13a. FATHER'S NAME Daniel Pyatt		13b. MOTHER'S MAIDEN NAME Mary Duke		14. NAME OF HUSBAND OR WIFE Mary Pyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Omer Bass Frankclay, Mo	
--	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningitis		
	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 331X	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 Jan 5, 1952, to Jan 6, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. Hoffmann	23b. ADDRESS Bismarck Mo	23c. DATE SIGNED 1-7-52
--	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/9/52	24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	24d. LOCATION (City, town, or county) (State) Frankclay, Mo.
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. Jan. 7, 1952	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BOYER FUNERAL HOME LEADWOOD MO
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

0943
1 S

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 William E. Bayer.....

Licensed Embalmer No. 730.....

P. O. Address Leadwood, 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.