No. 300
10.48

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37048
State File No.

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 364

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Columbia
c. LENGTH OF STAY (in this place): 6 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coleman Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Hartsburg
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): Hartsburg RFD

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3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Penn
c. (Last): Pilcher

4. DATE OF DEATH (Month) (Day) (Year): Nov 19 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hartsburg, Mo RFD
12. CITIZEN OF WHAT COUNTRY?: US A
13a. FATHER'S NAME: James Pilcher
13b. MOTHER'S MAIDEN NAME: Virginia Vandever
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Grace Findlay — ADDRESS: Gasconade 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC ENCEPHALOPATHY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — MANY YRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334.X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-5, 1956, *to* 11-19, 1956, *that I last saw the deceased alive on* 11-18, 1956, *and that death occurred at* 8 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Walker MD (Degree or title)
23b. ADDRESS: 22 N 8th Columbia, Mo
23c. DATE SIGNED: 11-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 22 1956
24c. NAME OF CEMETERY OR CREMATORY: New Salem Cemetary
24d. LOCATION (City, town, or county) (State): Ashland Mo.

DATE REC'D BY LOCAL REG.: Nov 21 1956
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Wm C. Burnett — ADDRESS: Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Wm C. Burnett.....

Licensed Embalmer No. 3567

P. O. Address Ashland, P

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.