

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12111**

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY OR TOWN Columbia		c. CITY OR TOWN GLENWOOD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 25 days		e. STREET ADDRESS (If rural, give location) 0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) JAMES	c. (Last) PIATT	4. DATE OF DEATH (Month) (Day) (Year) 4 14 57
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-22-94	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER-DECORATOR	10b. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (City and State or Foreign Country) Wich	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME CHARLES PIATT	13b. MOTHER'S MAIDEN NAME ARMANDA MARVEN	14. NAME OF HUSBAND OR WIFE JOYE PIATT
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hospital Records.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c)		1+ yrs.
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 Carcinoma of fundus of stomach 151X	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)
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 **Mar 1, 1957**, to **Apr 14, 1957**, that I last saw the deceased alive on **Apr 14, 1957**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond O. Frederick M.D. (Degree or title)	23b. ADDRESS Univ. Hospital	23c. DATE SIGNED 4/14/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/14/1957	24c. NAME OF CEMETERY OR CREMATORY Glenwood	24d. LOCATION (City, town, or county) (State) Glenwood, MO
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DATE REC'D BY LOCAL REG. Apr 14, 1957	REGISTRAR'S SIGNATURE Mrs R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Lyman Sprinkle	ADDRESS Columbia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

From young

31-0

JUN 5 1958

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.....
Signature of Student Embalmer

Signed: *Lyman Sprinkle*

Licensed Embalmer No. *4013*.....

P. O. Address *Columbia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.