

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED AUG 20 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Anderson Nursing Home		d. STREET ADDRESS (If outside, give location) South Alma	
3. NAME OF DECEASED (Type or print) First Frank Middle Monroe Last Pilcher		4. DATE OF DEATH Month August Day 11 Year 1957	
5. SEX M	6. COLOR OR RACE wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1880 September 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Vernon county, Mo.
13a. FATHER'S NAME John T. Pilcher		13b. MOTHER'S MAIDEN NAME Sarah Neff	14. NAME OF HUSBAND OR WIFE None
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 Address F. A. Daniels R#3, Nevada, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2-3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, lost. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (c) 4500			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 24, 1957 to July 16, 57 and last saw ^{her} alive on July 16, 1957 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Ray W. Beers MD		22b. ADDRESS Nevada Mo	
22c. DATE SIGNED 8-16-1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1957 August 14	23c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	23d. LOCATION (City, town, or county) (State) Vernon County Missouri
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 8-17-'57	26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All analyses that are required must be laboratory performed.

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 *B. J. Lindley*

Licensed Embalmer No. *4822*
P. O. Address *Florida*

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.