

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-029511

STATE FILE NUMBER

FILED VS SEP 2 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 413

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jesper</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b> Length of stay in 1b <b>3 wks.</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> c. CITY OR TOWN <b>Cassville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>FRED</b> Middle <b>FRANKLIN</b> Last <b>PILANT</b>			<b>4. DATE OF DEATH</b> Month <b>August</b> Day <b>21</b> Year <b>1959</b>		
<b>5. SEX</b> male	<b>6. COLOR OR RACE</b> white	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11-21-1906</b>	<b>9. AGE (last birthday)</b> <b>52</b>	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Owner</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Auto Parts</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Barry County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Albert Pilant</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Lowe</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Eva Pilant</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>491-38-9913</b>	<b>17. INFORMANT</b> Address <b>Mrs. Eva Pilant-Cassville, Missouri</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho pneumonia, bacterial</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> DUE TO (b) <b>Septicemia, acute</b> <b>2 wks</b> DUE TO (c) <b>Peritonitis, acute</b> <b>3 wks</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.</b> Death occurred at <b>3:30 p.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> <i>Albert E. Upsher</i> (Degree or title) <b>MD</b>		<b>22b. ADDRESS</b> <b>Memphis City, Mo</b>		<b>22c. DATE SIGNED</b> <b>8/23/59</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>8-23-1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Pilant Cemetery</b>		<b>23d. LOCATION (City, town, or county) (State)</b> <b>Barry County, Missouri</b>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Culver's Cassville, Missouri</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>8-26-1959</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Doyle Merriam</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 2 1955

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Margaret C Henbest

Licensed Embalmer No. 7389

P. O. Address Cassville

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.