

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2107

FILED FEB 3 1954		REG. DIST. NO. 224	PRIMARY REG. DIST. NO. 3046	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 068/6		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Moore c. (Last) Pile		4. DATE OF DEATH (Month) (Day) (Year) 1 7 54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/2/1892	9. AGE (In years last birthday) 61 11 Months 5 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) United States, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME A. O. Moore		13b. MOTHER'S MAIDEN NAME Inez Carr		14. NAME OF HUSBAND OR WIFE James W. Pile
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 ADDRESS J. W. Pile, California, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with general metastases 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		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 Dec 2, 1953, to Jan 7, 1954, that I last saw the deceased alive on Jan 6, 1954, and that death occurred at 9 m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Henryon Latham M.D.		23b. ADDRESS California, Mo		23c. DATE SIGNED 1-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-54		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24d. LOCATION (City, town, or county) (State) California, Missouri				
DATE REC'D BY LOCAL REG. 1-10-54		REGISTRAR'S SIGNATURE H. L. Popejoy HLR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Williams Funeral Home California

(Licensed Embalmer's Statement on Reverse Side)

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

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

*W. E. Friedman*

Licensed Embalmer No.

*2857*

P. O. Address

*California*

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.