

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

7763

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>Gallatin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Gallatin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 10 North Kansas City</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. 10 North Kansas City Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Pyle</u>			4. DATE OF DEATH <u>March 4, 1949</u> (Month) (Day) (Year)				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 29, 1946</u>	9. AGE (In years last birthday) <u>3</u>	10. UNDER 1 YEAR Months <u>X</u> Days <u>X</u>	11. UNDER 1 YEAR Hours <u>X</u> Min. <u>X</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXX</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis G. Pyle</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Allison</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W.G. Pyle</u> ADDRESS <u>R.R. 10 North K.C. Mo</u>			
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) <u>Pneumonia Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Measles</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11851</u>					INTERVAL BETWEEN ONSET AND 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D.S. Pate, M.D. Coroner</u> (Degree or title)				23b. ADDRESS <u>North Kansas City, Mo</u>		23c. DATE SIGNED <u>3/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 7-49</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>		ADDRESS <u>F.H. North Kansas City</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

24

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-18-49

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.

Signed Theron O Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.