

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14448**
Registrar's No. **1724**

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Miami	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR Oswatomie 8150	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roanoke N.H. 3660 S.W. Tr.way			

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN		b. (Middle) PYLE		c. (Last) PYLE		4. DATE OF DEATH (Month) (Day) (Year) 3/28/53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Aug. 18, 1855		9. AGE (In years last birthday) 97	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Carter		13b. MOTHER'S MAIDEN NAME Barbara Camen		14. NAME OF HUSBAND OR WIFE Unknown	
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'S SIGNATURE OR NAME ADDRESS Harry A. Pyle 320 Main Oswatomie, Ks.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 Day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute Uremic Poisoning			2 Days
		DUE TO (c) Acute Nephritis (n.m.a)			2 Days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Age				590X	

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)		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 June 10, 1952, to Mar 28, 1953, that I last saw the deceased alive on Mar 28, 1953, and that death occurred at 5:30 PM, from the causes and on the date stated above.

23a. SIGNATURE Chas. G. Stephens DO		23b. ADDRESS 2302 S. E. 39th St. Kansas City, Mo		23c. DATE SIGNED 3/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/29/53		24c. NAME OF CEMETERY OR CREMATORY	
DATE REC'D BY LOCAL REG. 3-31-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE-McCLURE KC., MO.	

Mr. Chas. Stephens, D.O. We 4415

Wesley Bldg 252

In at 1:00

JUL 9 1953

JUL 1 1953

JUL 8 1953

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 Engine Korman
Licensed Embalmer No. 4633
P. O. Address J E me

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.