

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32164

State File No.

FILED SEP 23 1953

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>424</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>33 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>811 Central Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (First) <u>Gertrude</u>			b. (Middle)		(Last) <u>Pyle</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>7</u> (Year) <u>1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 13, 1890</u>			
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home making</u>		11. BIRTHPLACE (State or foreign country) <u>Ledard Co, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Albert Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Ferris</u>		14. NAME OF HUSBAND OR WIFE <u>W.E. Pyle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Pyle</u>		ADDRESS <u>811 Central Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute respiratory failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypostatic pneumonia & rt. side heart failure</u> DUE TO (c) <u>Portal obstruction, multiple liver abscess, cirrhosis of the liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 hr.</u> <u>48 hr.</u> <u>2 wks</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)			
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 <u>8/15, 1953</u> , to <u>9/7, 1953</u> , that I last saw the deceased alive on <u>9/6, 1953</u> and that death occurred at <u>2:29 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Wirtle</u> (Degree or title)				23b. ADDRESS <u>521 West 7th Joplin Mo</u>		23c. DATE SIGNED <u>9/7/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orant Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-18-53</u>		REGISTRAR'S SIGNATURE <u>Ed S. Jasper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. S. Thornhill-Dillon</u>		ADDRESS <u>Mont. Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1953

RECEIVED

Jasper County Health Office

County File Number 53-9-~~755~~ 758

Date Filed SEP 21 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.