

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19524**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5655** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>unknown</b>	
b. CITY OR TOWN <b>Mt. Vernon</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Galeton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. Res.</b>		No. STREET ADDRESS (If rural, give location) <b>8158</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ehbert</b> b. (Middle) _____ c. (Last) <b>Pirtle</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-17-1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-8-1873</b>
9. AGE (to years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>9</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Co. Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jake Pirtle</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Newcomb</b>		14. NAME OF HUSBAND OR WIFE <b>Ponnie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Connie Pirtle</b> ADDRESS <b>Belva Kan.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Do not know</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignancy of liver</b> INTERVAL BETWEEN ONSET AND DEATH <b>Do not know</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Do not know</b> 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 <b>1561</b>	
20. AUTOPSY? YES <input 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)		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 <b>June 9, 1954</b> , to <b>June 17, 1954</b> , that I last saw the deceased alive on <b>June 9, 1954</b> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. A. Hubner M.D.</b> (Degree or title)		23b. ADDRESS <b>Mt. Vernon Mo</b>	
23c. DATE SIGNED <b>6-18-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-20-1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Shiloh</b>		24d. LOCATION (City, town, or county) (State) <b>N.E. of Milber Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-23-54</b>		REGISTRAR'S SIGNATURE <b>Cecil Hendricks 411-70</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Leman</b>		ADDRESS <b>Milber Mo.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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 .....  
Signature of Student Embalmer

Signed *L. R. Leiman* .....

Licensed Embalmer No. *3297*

P. O. Address *Miller* .....

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.