

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36916**

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4156** Registrar's No. **54-99**

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Greenfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North twp. 0290	
c. LENGTH OF STAY (In this place) 2 months		d. STREET ADDRESS (If rural, give location) 9 mi. N.W. of Greenfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Step-daughter		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1954	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Cyrus c. (Last) Pyle		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 12, 1885		9. AGE (In years) (Months) (Days) (Hours) (Mins.) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State or Foreign Country) Dade Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edwin J. Pyle		13b. MOTHER'S MAIDEN NAME Margaret Ball	
14. NAME OF HUSBAND OR WIFE Ora Pyle		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 Mrs. Ora Pyle; Rt#2, Lockwood, 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) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 491X	
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) (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>12-15</u>, 1954, to <u>Dec 2</u>, 1954, that I last saw the deceased alive on <u>Dec 2</u>, 1954, and that death occurred at <u>9:00p.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. J. Cowan M.D.		23b. ADDRESS Greenfield, Mo.	
23c. DATE SIGNED 12-5-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cem.	
24d. LOCATION (City, town, or county) (State) Dade Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	
DATE REC'D BY LOCAL REG. 12-5-54		ADDRESS Greenfield, Mo.	

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 _____

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, Mo.*

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.