FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20950

State File No.

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE MO
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KIRKSVILLE OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon 0610
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmer 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) TRUMAN b. (Middle) c. (Last) PYLE
4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 55
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 9 1901
9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: William Pyle
13b. MOTHER'S MAIDEN NAME: Flora Josie Taylor
14. NAME OF HUSBAND OR WIFE: Ida May Pyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 486-12-6543
17. INFORMANT'S SIGNATURE OR NAME: Mrs Thelma Warren ADDRESS: Elmer Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRCULATORY COLLAPSE — INTERVAL BETWEEN ONSET AND DEATH: 48 HR

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) PERITONITIS — 48 HR
DUE TO (c) PERFORATED VISCUS — 48 HRS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* CEREBRAL VASCULAR ACCIDENT — 1 YEAR

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-9, 1955 *to* 7-9, 1955 *that I last saw the deceased alive on* 7-9, 1955 *and that death occurred at* 12:19 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph E Willard (Degree or title) D.O. 23b. ADDRESS: KOH HOSPITAL 23c. DATE SIGNED: 7-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11 1955
24c. NAME OF CEMETERY OR CREMATORY: Elmer
24d. LOCATION (City, town, or county) (State): Elmer Macon County Mo

DATE REC'D BY LOCAL REG. 7-12-55
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: W H McCollum ADDRESS: South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 10 1961

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 Clyde W. McCallum

Licensed Embalmer No. 3224

P. O. Address South Gifford

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

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