

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40336**

FILED NOV 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6183** Registrar's No. **58**

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

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Milan</b>		c. CITY OR TOWN <b>Milan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sull. Co Rest Home</b>		e. LENGTH OF STAY (in this place) <b>2 1/2</b>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		a. STREET ADDRESS (If rural, give location) <b>1050</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b> b. (Middle) <b>Orville</b> c. (Last) <b>Pyle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-13-1956</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>10-24-1886</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>19</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John L. Pyle</b>		13b. MOTHER'S MAIDEN NAME <b>Martha A. Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>Jessie P. Thomas</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>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Orville Pyle</b>		18. ADDRESS <b>1050</b>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
2. ANTECEDENT CAUSES		DUE TO (b) <b>Insufficient food intake</b>		<b>7 days</b>	
3. DUE TO (c) <b>Unclassified cerebral hemorrhage</b>				<b>7 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Generalized arteriosclerosis, rheumatoid arthritis, general senility</b>			
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) <b>331X</b>	
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 **11-10**, 19 **56**, to **11-13**, 19 **56**, that I last saw the deceased alive on **11-10**, 19 **56** and that death occurred at **6:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph W. Beckett</i> (Degree or title)		23b. ADDRESS <b>217 E. Second St., Milan, Mo.</b>		23c. DATE SIGNED <b>11-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Sullivan Co Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Schoenies</i>		ADDRESS <b>Milan, Mo.</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Sullivan Co Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Schoenies</i>		ADDRESS <b>Milan, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-19-56</b>		REGISTRAR'S SIGNATURE <i>Mrs. M.W. Beckett</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Dwight Schoene</i>	

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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.....  
*Dwight Schreiner*

Licensed Embalmer No. *2667*

P. O. Address *Milan, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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