

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011161

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Reynolds			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Misso ri b. COUNTY Reynolds		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Redford		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Redford		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		Length of stay in 1b Life	d. STREET ADDRESS Logan Twmp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Preller Pyrtle			4. DATE OF DEATH Month Day Year Apr 3, '58		
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1886 Redford, Mo	9. AGE (In years 1/2 (if day) 72	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Redford, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Pyrtle			14. MOTHER'S MAIDEN NAME Elizabeth Skaggs		
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. 488-18-2859	17. INFORMANT Golda D. Pyrtle Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial DEGENERATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial INFARCTION DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201					INTERVAL BETWEEN ONSET AND DEATH 4 YRS 6 YRS 60
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 1956 to April 3/58 and last saw her alive on April 3/58 Death occurred at 9:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Lemeth T Carter MD			22b. ADDRESS Ellington, Mo.		22c. DATE SIGNED 4-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Ellington City		23d. LOCATION (City, town, or county) (State) Ellington, Mo.	
24. FUNERAL DIRECTOR Chas. S. Pewitt, Ellington, Mo.		25. DATE RECD. BY LOCAL REG. 4/7/1958	26. REGISTRAR'S SIGNATURE Essie Evans		

0900

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Do not use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Received 4-11-58

Reynolds County Health

File No. 458-1

**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 *Chris Peritt*.....

Licensed Embalmer No. 458

P. O. Address *Ellington, Tenn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.