

FILED AUG 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22699

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 2821

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPLAR BLUFF HOSPITAL</b>			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <b>KINCHEN</b> b. (Middle) <b>GOSHEN</b> c. (Last) <b>PYLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 20 1949</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>11/3/1867</b>	9. AGE (in years last birthday) <b>81</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>WHITE CO. ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>EMERSON PYLE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>TDA BELL PYLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>497-16-0525</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CLARENCE PYLE 22 Bellevue Pontiac Michigan</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Appendicitis</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<b>551X</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerotic heart disease grade III</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Acute exacerbation of chr. appendicitis</b>				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) m.	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>July 16, 1949</b> , to <b>July 20, 1949</b> , that I last saw the deceased alive on <b>July 20, 1949</b> , and that death occurred at <b>10:30 a. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H. H. Richardson, M.D.</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>7-26-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/22/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bernie, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-27-49</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428	25. FUNERAL DIRECTOR'S SIGNATURE <b>John E. Drum</b>	ADDRESS <b>Bernie, Mo.</b>	

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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.

Signed \_\_\_\_\_

*J. E. Schuman*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4086

P. O. Address Malden

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.