

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30514

State File No.

4149

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4149</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>PENNSYLVANIA</u> b. COUNTY <u>Dauphin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1-DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HARRISBURG</u>		d. STREET ADDRESS (If rural, give location) <u>X36</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 WEST ARMOUR BLVD. #2</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-27-1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>A</u>		c. (Last) <u>PISLE</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-12-1870</u>	
9. AGE (In years last birthday) <u>79 YEARS</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN-TAYLOR WAGON</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ENGINEERING</u>		11. BIRTHPLACE (State or foreign country) <u>FRANKLIN COUNTY PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL PISLE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET Mc Coy</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. BERTHA H. PISLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>161-16-4674</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BERTHA H. PISLE</u> ADDRESS <u>HARRISBURG PENNSYLVANIA</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity 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. <u>History heart trouble</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no soft permit</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>motor</u>		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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1034 Pickett Blvd</u>		23c. DATE SIGNED <u>9-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT-28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>OBERLIN PENNSYLVANIA</u>	
DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer's Sons</u> ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u>			

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

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

Doyle L. Daniel

Licensed Embalmer No. *4702*

P. O. Address *K. L. M.*

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.