

FILED MAY 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16914

2162

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City Mo</u>		c. LENGTH OF STAY (In this place) <u>45 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>		d. STREET ADDRESS (If rural, give location) <u>7308 Wornall Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St Joseph Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u>		b. (Middle) <u>B</u>		c. (Last) <u>Pyle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 3 1874</u>	9. AGE (In years last birthday) <u>75</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Warrensburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Kirkpatrick</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Wm Pyle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. C.M. Pyle</u> ADDRESS <u>7308 Wornall Rd</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Sclerosis & Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Embolism Rt Femoral Artery</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42.01</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Surgeon Rt Foot & Leg</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Purse</u> <u>Kern</u>				23b. ADDRESS <u>St Joseph Hospital</u>		23c. DATE SIGNED <u>11 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>	
DATE REC'D BY LOCAL REG <u>5-11-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Russell N. Fran

Signed.....

Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.