

10-48 FILED DEC 20 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 42002

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 260		Registrar's No. 553	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jasper		a. STATE Missouri		b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place) 27 yrs.		c. CITY (If outside corporate limits, write RURAL and give township)		0445	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS 716 Highland				0	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Leonard		b. (Middle) Thomas		c. (Last) Pyle		Dec. 2, 1951	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Nov. 19, 1921	
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Goodman, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. H. Pyle			13b. MOTHER'S MAIDEN NAME Florence Holmes			14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Pyle, 716 Highland ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral malacia		DUE TO (b) hood getting more severe and resulting in unconsciousness past 10 days. No evidence of meningitis.				approx. 10 da.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)		3533	
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 12-1-1951, to 12-2-1951, that I last saw the deceased alive on 12-2-1951, and that death occurred at 1:30P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 12-4-51		24c. NAME OF CEMETERY OR CREMATORY Forest Park	
24d. LOCATION (City, town, or county) Joplin, Missouri				24e. (State)			
DATE REC'D BY LOCAL REG. 12-8-51		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-18-51  
Jasper County Health Office  
County File Number 51/12/940  
Date Filed 12-18-51

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.....  
Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. 2819

P. O. Address *Joplin 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.