

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27721  
797

FILED SEP 2- 1952

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>516 W. Central</b>				d. STREET ADDRESS (If rural, give location) <b>516 W. Central</b>			
3. NAME OF DECEASED (Type or Print) <b>JESSIE</b>		a. (First) <b>PYLE</b>		b. (Middle) <b>DAWSON</b>		c. (Last)	
4. DATE OF DEATH <b>August 28, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>23 Sept. 1879</b>		9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>28</b> DAYS <b>29</b> HOURS <b>1952</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>W.K. Pyle</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Finley</b>		14. NAME OF HUSBAND OR WIFE <b>James R. Dawson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clifford Dawson</b>		ADDRESS <b>Springfield, Mo.</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Gastro Enteritis</b> ANTECEDENT CAUSES 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
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)	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?		21g. ADDRESS <b>5711</b>		21h. DATE SIGNED <b>8-29-52</b>	
22. I hereby certify that I attended the deceased from <b>Aug 28, 1952</b> to <b>Aug 28, 1952</b> that I last saw the deceased alive on <b>Aug 28, 1952</b> and that death occurred at <b>10:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. W. Klingner</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>8-29-52</b>		23d. DATE <b>8-31-52</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. NAME OF CEMETERY OR CREMATORY <b>GREENFIELD CEME.</b>		24c. LOCATION (City, town, or county) (State) <b>GREENFIELD MO</b>		24d. DATE REC'D BY LOCAL REG. <b>8-29-52</b>	
24e. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		24f. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Klingner &amp; Co.</b>		24g. ADDRESS <b>Springfield, Mo.</b>		24h. DATE REC'D BY LOCAL REG. <b>8-29-52</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ogle Stone Jr.*

Licensed Embalmer No. *4776*

P. O. Address \_\_\_\_\_

*Springfield*

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.