

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**17423**

State File No. ....

**LED JUN 8 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 2291 Registrar's No. 53

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Clay</b>	b. COUNTY <b>Clay</b>		c. COUNTY <b>Clay</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty</b>	c. LENGTH OF STAY (in this place) <b>20 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty</b> <u>6000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>IOOF. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>IOOF. Home</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Pyles</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 31-53</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>June 8-1861</b>	<b>9. AGE</b> (In years last birthday) <b>91</b>	<b>10. UNDER 1 YEAR</b> Months	<b>11. UNDER 2 HRS.</b> Hours	<b>12. UNDER 4 HRS.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Bridge</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kty.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>
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<b>13a. FATHER'S NAME</b> <b>Andrew G. Pyles</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Patterson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>No</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>IOOF Home Hospital Records</b>	<b>ADDRESS</b> <b>Liberty, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u><b>Uremia</b></u>	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <u><b>Prostatism</b></u> DUE TO (c)		<b>6 mos.</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>611X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 29, 1953, to May 31, 1953 that I last saw the deceased alive on May 29, 1953, and that death occurred at 10:40 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u><b>L. D. Schroeder</b></u> (Degree or title) <u><b>M.D.</b></u>	<b>23b. ADDRESS</b> <u><b>Liberty, Mo.</b></u>	<b>23c. DATE SIGNED</b> <u><b>6/1/53</b></u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>May 31-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Pattonsburg</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Pattonsburg Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>June 1-1953</b>	<b>REGISTRAR'S SIGNATURE</b> <u><b>Mabel Graham</b></u> <u><b>491</b></u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u><b>AC. Weym</b></u>	<b>ADDRESS</b> <u><b>KCK</b></u>
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(Licensed Embalmer's Statement on Reverse Side)

WHILE 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. 455

working under my personal supervision.

Student Marguerite A. Haller

Student Embalmer

Signed

John P. Werner

Licensed Embalmer No. 2598

P. O. Address Kansas City, Mo.

Werner Mortuary

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.