U.S. No. 300
Rev. 10.48

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39693

State File No.

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5-698 Registrar's No.

0590
3

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Chillicothe Twp.
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. S. of Chillicothe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0400
d. STREET ADDRESS (If rural, give location): 7 mi. S. of Trenton, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Elmer
c. (Last): Pyle

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 28, 1895
9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Long distance
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Calvin Pyle
13b. MOTHER'S MAIDEN NAME: Mollie Craig
14. NAME OF HUSBAND OR WIFE: Pauline Pyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 480-01-3509
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Pauline Pyle-RFD 3, Trenton, Mo.

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): Coronary Occlusion — Interval between onset and death: Few Minutes

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Nov. 12 1953, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A. Conrad M.D (Coroner) (Degree or title)
23b. ADDRESS: Chillicothe Mo.
23c. DATE SIGNED: Nov. 14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Avalon cemetery
24d. LOCATION (City, town, or county) (State): Avalon, Missouri

DATE REC'D BY LOCAL REG.: 11-14-53
REGISTRAR'S SIGNATURE: Frances B Noell
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Leonard Gordon - Chillicothe Mo

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.