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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 440 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DONIPHAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DONIPHAN</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>107 ALBERT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 ALBERT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>PYE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6-1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 6-1875</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINISTRY</u>		11. BIRTHPLACE (State or foreign country) <u>SMALL POINT - MAINE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEORGE PYE</u>		13b. MOTHER'S MAIDEN NAME <u>LEVINA MCINTYRE</u>		14. NAME OF HUSBAND OR WIFE <u>ODIE PYE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ODIE PYE - DONIPHAN - Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Uremia</u>				1 week
ANTECEDENT CAUSES		DUE TO (c) <u>Infectious Prostate Gland</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cystitis</u>				3 weeks

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)	
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 3-1-54, 1954, to 3-6-54, 1954, that I last saw the deceased alive on 3-4-54, 1954, and that death occurred at 4 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. D. Bontland MD</u>		23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>3-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>DONIPHAN - Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-12-54</u>		REGISTRAR'S SIGNATURE <u>C. D. Bontland</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EDWARDS FUNERAL HOME - DONIPHAN - Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

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910

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 *Gene Harrett* .....  
Licensed Embalmer No. *4809*

P. O. Address *Doniphan, 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.