

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

State File No. **32706**

FILED NOV 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>116</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, give BUREAU and give town) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY OR TOWN <u>Senath</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pranell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>035 E</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Pyle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14, 55</u>		
5. SEX <u>Male</u>		6. COLOR (or RACE) <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 21, 1876</u>		9. AGE (In years last birthday) <u>79</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Seldon Pyle</u>			13b. MOTHER'S MAIDEN NAME <u>Mary McElyea</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Pyle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, speak now) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Pyle</u> ADDRESS <u>Senath, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of kidney and pelvis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>One yr.</u>	
		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. <u>180x</u>							
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) _____		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 <u>Feb.</u> , 19 <u>53</u> , to <u>9-14-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-14-55</u> , 19 <u>55</u> , and that death occurred at <u>10:18 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H.C. Wilson</u> (Degree or title) _____				23b. ADDRESS <u>Kennett, Missouri</u>			23c. DATE SIGNED <u>9-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/16/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sula</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, MO</u>			
DATE REC'D BY LOCAL REG. <u>9-28-55</u>		REGISTRAR'S SIGNATURE <u>Earl Husband</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>McDonnell</u> ADDRESS <u>Senath</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-21-5

COUNTY FILE NUMBER 105

DEC 21 1951

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.....
Signature of Student Embalmer

Signed.....
Edison J. Avon

Licensed Embalmer No. 484

P. O. Address. *Senath*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.