

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41687**

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **3338** Registrar's No. **17**

09001

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Centerville) c. LENGTH OF STAY (If this place) life		c. CITY OR TOWN Centerville	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 09001	

3. NAME OF DECEASED (Type or Print) JAMES ROBERT PYRTLE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 18 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days 0	IF UNDER 15 Mins. Hours 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical doctor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lesterville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Jefferson Pyrtle	13b. MOTHER'S MAIDEN NAME Lucinda Wadlow	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME George Pyrtle	ADDRESS Arcadia Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		10 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)		7 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1955, to 18 Dec., 1955, that I last saw the deceased alive on 18 Dec., 1955, and that death occurred at 8.55P.m., from the causes and on the date stated above.

23a. SIGNATURE T. G. Drake, M.D.	(Degree or title) c	23b. ADDRESS 114 N. Taylor, St. Louis 8 Mo	23c. DATE SIGNED 23 Dec. '55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-20-55	24c. NAME OF CEMETERY OR CREMATORY Centerville Cemetery	24d. LOCATION (City, town, or county) (State) Centerville Mo.
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DATE REC'D BY LOCAL REG. 12/27/55	REGISTRAR'S SIGNATURE C. M. Gitzpatrick	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Ironport Mo.
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(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1956

JAN 4

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 *Arvid J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Detroit, Mich.*

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.