

FILED AUG 22 1956

STANDARD CERTIFICATE OF DEATH

State File No. 26290

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>DREXEL</u>	c. LENGTH OF STAY (in this place township) <u>3 1/2 yrs.</u>	c. CITY OR TOWN <u>DREXEL</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>AT His Home in Drexel</u>		e. STREET ADDRESS (If rural, give location) <u>0140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVEY</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>PKLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18 1956</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>Nov. 24 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>8</u> Day <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during 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>HUME, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM JAMES PKLE</u>		13b. MOTHER'S MAIDEN NAME <u>CULPURNY WEST</u>		14. NAME OF HUSBAND OR WIFE <u>NELL M. PKLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. NELL PKLE DREXEL, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephala Malacia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aterio Sclerosis</u>  DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332x</u>	
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 Jan 10 1955 to Aug 18 1956, that I last saw the deceased alive on Aug 17 1956, and that death occurred at 8:30 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl O. Hortwell MD</u>		23b. ADDRESS <u>Drexel, Mo</u>		23c. DATE SIGNED <u>Aug 18-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/20/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Aug 19 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Bros. Archie, Missouri</u>	

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

**RECEIVED**  
AUG 20 1956  
HEALTH DEPARTMENT

AUG 28 1956

**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 *Robert W Atkinson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Hinesville, Ga.*.....

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.