

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44643

FILED JAN 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 175

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 township) OR TOWN <u>HARRISONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARCHIE</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>LOGUE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29-1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 28, 1880</u>	9. AGE (In years last birthday) <u>76</u>	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>CASS Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Wesley Pyle</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY BEATTY</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Logue</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MASON LOGUE ARCHIE, Mo.</u>
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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, 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) <u>Mesenteric Thrombosis</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>STRANGULATED Femoral Hernia</u> DUE TO (c) <u>5611</u>		<u>12 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>			

19a. DATE OF OPERATION <u>12/17/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>STRANGULATED Femoral Hernia RT</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

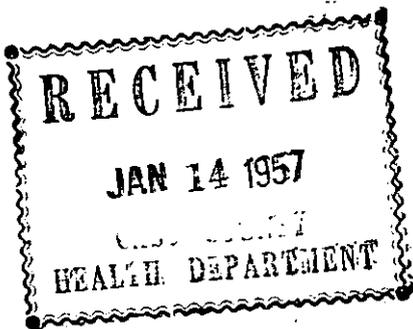
22. I hereby certify that I attended the deceased from 15 Dec 1956, to Dec 29, 1956, that I last saw the deceased alive on 29 Dec, 1956, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>O. J. Hargis MD</u>	(Degree or title) _____	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>12/31/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 1, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ARROLL, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1/31/56</u>	REGISTRAR'S SIGNATURE <u>Pauline Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur DeLong</u>	ADDRESS <u>Arroll, Mo</u>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Robert Atkinson

Licensed Embalmer No. 4902

P. O. Address Hammock, Fla.

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.