

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29062**

Registration District No. **5247**

Primary Registration District No. **3079**

Registrar's No. **235**

1. PLACE OF DEATH:

(a) County Marion-
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Lucille Dye
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Raymond Dye 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 4 If less than one day
hr. _____ min. _____

9. Birthplace Pike County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Atkinson

18. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Isabel Pritchett
16. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Leavy

(b) Address New London

17. (a) Burial (b) Date thereof 8 10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo

18. (a) Signature of funeral director Paul Daniel

(b) Address Harrison Mo

19. (a) 8/10/40 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1940 hour 8:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from July, 1931, to August 8, 1940,
that I last saw her alive on August 8, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to Chronic Cholecystitis
Due to Diabetic Mellitus

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Senility 54
Of operations _____

Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

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While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edward J. Murphy (M. D. or other) _____
Address Harrison Mo Date signed 8-10-40

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

MOTHER FATHER

210 550

2100

14710 165

7 0 17 0

48 : 4.

1531940 2 1117 V 1

WT

1000 1 1 6 1 1

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.....

Ralph Clark

Registered Apprentice No. 242

working under my personal supervision.

Signed.....

Harold O'Connell

Licensed Embalmer No. 3889

P.O. Address *Harold O'Connell*

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, above space should be left blank.