Res 314 N. Penn

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7284

FILED MAR 17 1941

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rt. #1 Webb City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin - Galena (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 8 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Rt 1, Webb City (If outside city or town limits, write "RURAL")
(d) Street No. Rural - Galena (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carl L. Dye
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Della
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 6, 1881 (Month) (Day) (Year)
8. AGE: Years 59 Months 2 Days 9 If less than one day hr. min.
9. Birthplace West Fork Ark (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Charles Dye
13. Birthplace Ark (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Walker
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Fay Spencer
(b) Address Rt 1 Webb City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address 305 W 4th St Joplin Mo
19. (a) 2-17-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1941 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from Jan 31, 1941, to Feb 15, 1941; that I last saw him alive on 12:50 p.m. 2-15-41, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	2-15-41
Due to Carcinomatosis, gen.	1 yr.
Due to Primary cancer Liver	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) D
Address O'Neill Bldg. N.C. Mo Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

41-3-272

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Don Pitrick

Licensed Embalmer No. 4008

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.