No. 2
M—2-43
-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Barkett

State File No. 6524

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
508 Stewart Rd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 7
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Stewart Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EARLE SHOCK DYSART

3. (b) If veteran, name war World War I
3. (c) Social Security No.

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Jessie Kemper Dysart
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 - 1 - 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Fayette (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Banker

11. Industry or business

FATHER
12. Name Gilmore H. Dysart
13. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Dora Shock
15. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Earle S. Dysart
(b) Address 508 Stewart Rd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1944 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 26, 1942 to Feb 3, 1944
that I last saw him alive on Jan 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Coronary Thrombosis — Duration 0 2 yrs

Due to arteriosclerosis of coronary arteries — 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

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 0

23. Signature E. D. Barkett (M. D. or other) M.D.
Address Columbia, Mo. Date signed 2/4/44

1260

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 8 1944

FEB 24 1944

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.....

Licensed Embalmer No. 4132

P. O. Address Lewiston, Me.

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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 29

SUPPLEMENTARY

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Earle Shock Dysart
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: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec 1 (Month) (Day) (Year)
8. AGE: Years 52 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-5-1944 (Date received local registrar) (b) Edna H. Barlise (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
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 (M. D. or other)
Address Date signed

C0524

MAR 2 9 1944

APR 17 1945