

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. 22466
Registrar's No. 93

FILED AUG 16 1948
Registration District No. 383

Primary Registration District No. 3037

1. PLACE OF DEATH:
(a) County Laurie
(b) City or town Stotts City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Spring River - north of Stotts City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 6 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Dale R. Dysinger
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25
year 1948 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to 7/25, 1948
that I last saw h alive on D.O.A., 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 29 1924
(Month) (Day) (Year)

Immediate cause of death Drowning Duration 1 hr.
Due to _____
Due to _____

8. AGE: Years 24 Months 0 Days 25 If less than one day _____ hr. _____ min.
9. Birthplace Bloomdale Ohio 1
(City, town, or county) (State or foreign country)
10. Usual occupation laborer

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Royal Dysinger
13. Birthplace Wood County Ohio 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Riller
15. Birthplace Mansfield Ohio 1
(City, town or county) (State or foreign country)

16. (a) Informant Royal Dysinger
(b) Address Stotts City Mo.
17. (a) Burial (b) Date thereof July 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery
18. (a) Signature of funeral director Max J. Tomet
(b) Address McWernon Mo
19. (a) Aug 3-48 (b) Carl Handricks
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 55
(b) Date of occurrence 7/25 1948
(c) Where did injury occur? Rural, Laurie, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Spring River (Specify type of place)
While at work? no (e) Means of injury Drowning
23. Signature Arthur J. Gram (M. D. or other) M.D.
Address MT Vernon, Mo Date signed 7/27/48

RECEIVED

District Health Officer No. 6

District File Number 848-903

Date Filed AUG 13 1948

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed Max L. Smith.....

Licensed Embalmer No. 4252

P. O. Address Wilmington, Mo.

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.

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13889

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1009

Registration District No. 383

Primary Registration District No. _____

Registrar's No. 413

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Dale R. Dysinger

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 S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 29 (Month) 1948 (Day) 1948 (Year)

8. AGE: Years 24 Months _____ Days _____ If less than one day hr. _____ min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ 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? Spring River - no boat involved

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

23. Signature Arthur J. Gram (M. D. or other) M.D.

Address M.T. Vernon Mo Date signed 8/10/48

SUPPLEMENTARY

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

MOTHER FATHER

S-23466