

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1949

19516  
State File No. 2334

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2334</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. LENGTH OF STAY (in this place) OR TOWN <u>6 yrs.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>							
f. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3607 Paseo</u>							
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>			a. (First)			b. (Middle) <u>DYER</u>					
c. (Last)			4. DATE OF DEATH <u>May 29, 1949</u>			a. (Month) (Day) (Year)					
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>July 16, 1860</u>		9. AGE (In years last birthday) <u>88</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Patrick Quinlan</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Moore</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas Haley Dyer</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kathryn Hite</u>			ADDRESS <u>1706 Brush Creek Pky., KC</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				DUE TO (c) <u>332X</u>				6 mo.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of Left Femur</u>								1 mo.			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMEHIDE (Specify) <u>Accident Contributed</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Own Home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 28, 1949 6 A.M.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Fell while getting out of Bed.</u>					
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1948</u> , to <u>May 29, 1949</u> , that I last saw the deceased alive on <u>May 28, 1949</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>John K. Caldwell M.D.</u>						23b. ADDRESS <u>Kansas City, Mo.</u>			23c. DATE SIGNED <u>5/29/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>5/30/49</u>			24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Chanute, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>5-30-49</u>			REGISTRAR'S SIGNATURE <u>Seraldine Helmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clody-McGilley-Eylar, Kansas City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. K. Caldwell  
436 E. 65 Terr.  
Hl. 7666 ( Today Sure )

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Glen E. Heck*

Licensed Embalmer No. 4063

P. O. Address Kansas City

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.