

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3770
37

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO MO</u>	
c. LENGTH OF STAY (In this place) <u>10 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>805 E HOLMS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 E. HOLMS</u>			

3. NAME OF DECEASED (Type or Print) <u>EUGENE</u>			4. DATE OF DEATH <u>FEB 21 1950</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX <u>MALE</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>JAN 5 1892</u>		9. AGE (In years last birthday) <u>58</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY ACCESSOR</u>			10b. KIND OF BUSINESS* OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MONROE CO. MO</u>

13a. FATHER'S NAME <u>B. J. DYE</u>		13b. MOTHER'S MAIDEN NAME <u>SALLY WOLLEY</u>		14. NAME OF HUSBAND OR WIFE <u>LUCINDA DYE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eugene Dye</u> ADDRESS <u>Mexico MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS			4/2/11	
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE. (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from 2/21, 1950, to 2/22, 1950, that I last saw the deceased alive on 2/22, 1950, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest S. Gant MD</u>		23b. ADDRESS <u>105a West Monroe, Mexico, Mo.</u>		23c. DATE SIGNED <u>2/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Neely</u>		ADDRESS <u>Mexico MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 23-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Neely</u> ADDRESS <u>Mexico MO</u>	

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

OCT 6 1950

FEB 27 1950

RECEIVED

District Health Officer No.

State File Number 2-50-23

Date Filed FEB 27 1950

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.....

Signed..... *Charles A. [Signature]*

Signed.....

Student Embalmer

Licensed Embalmer No. 3569

P. O. Address *W. [Signature]*

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.