

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13634

State File No.

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Dover		c. CITY (If outside corporate limits, write RURAL and give township) Dover	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) RUFUS c. (Last) DYSART			4. DATE OF DEATH (Month) (Day) (Year) Mar. 28 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 6, 1882	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dover, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Wm. H. Dysart		13b. MOTHER'S MAIDEN NAME Mary V. Alstedt		14. NAME OF HUSBAND OR WIFE Mrs. John Wahl, Dover, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Wahl, Dover, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3/25/50	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage + paralysis of right side		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 12/15, 1949, to 3/28, 1950, that I last saw the deceased alive on 3/27, 1950, and that death occurred 10:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed. J. Jones, M.D.		23b. ADDRESS Warrens, Mo.		23c. DATE SIGNED 3/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/50		24c. NAME OF CEMETERY OR CREMATORY Dover	
24d. LOCATION (City, town, or county) (State) Dover, Mo.					

DATE REC'D BY LOCAL REG. April 6 - 1950		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Garrett S. Tempel, Lexington, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

4-13
APR 13

District Health Officer No. 8,

District File Number _____

Date Filed 4-27-50

APR 28 1950

STATEMENT BY LICENSED EMBALMER

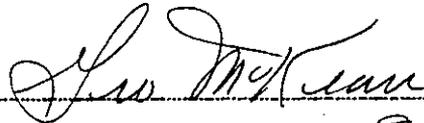
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2983

P. O. Address Levington, 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.