

No. 300
10.48

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41391
State File No.

BIRTH NO. 28895-50 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 154

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1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg Clinic		c. LENGTH OF STAY (in this place) 2 Hr.		c. CITY (If outside corporate limits, write RURAL and give township) Columbus Rurla	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hosp.		d. STREET ADDRESS (If rural, give location) RFD 1 Centerview, Mo.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joyce	b. (Middle) Ann	c. (Last) Dyer	(Month) Dec	(Day) 19	(Year) 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 19 1950	9. AGE (In years last birthday)	10. UNDER 1 YEAR 7	11. UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Warrensburg, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. C. Dyer	13b. MOTHER'S MAIDEN NAME Audry Terry	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm. C. Dyer	ADDRESS RFD 1 Centerview Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pt. Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5 7/10
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute enteric Colitis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 10, 1950, to Dec. 19, 1950, that I last saw the deceased alive on Dec. 19, 1950 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) 0	23b. ADDRESS Warrensburg Mo.	23c. DATE SIGNED 12-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. Dec 20, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 27 1950
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.

Signed Leo P. McQuirk

Signed _____
Student Embalmer

Licensed Embalmer No. 4807

P. O. Address Warrensburg, 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.