

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5211

State File No.

FILED FEB 21 1951

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BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOVER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 24, West Dover</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 24 - West Dover</u>	
3. NAME OF DECEASED (Type or Print) <u>JIRDEN</u>		a. (First) <u>JIRDEN</u>	b. (Middle) <u>DYSART</u>
c. (Last) <u>DYSART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 15 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JUNE 11, 1872</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE - Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>DOVER, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>JAMES CALDWELL</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY JANE COOPER</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES P. DYSART</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS FRED ZEYSSING</u>		ADDRESS <u>DOVER, MO</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>Chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Virus pneumonia</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>	
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) <u>--</u>		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 <u>April</u> , 19 <u>50</u> , to <u>Jan. 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan. 24</u> , 19 <u>51</u> , and that death occurred at <u>11:50 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben H. Bassler M.D.</u>		23b. ADDRESS <u>Lexington, Mo.</u>	
23c. DATE SIGNED <u>2/19/51</u>		24. NAME OF CEMETERY OR CREMATORY <u>DOVER CEMETERY</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 17, 1951</u>	
24c. LOCATION (City, town, or county) <u>DOVER</u>		24d. (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Missouri Embalmers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Jones</u>		ADDRESS <u>Concord, Mo</u>	

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

RECEIVED 2-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-23-51 _____

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2558

P. O. Address Concordia, 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.