

FILED MAY 18 1951

STANDARD CERTIFICATE OF DEATH

16264

State File No.

402

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

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>R. 78 # 2. TRENTON, MO</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>IRENE</u>	
		c. (Last) <u>DYER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 5 1900</u>
9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 24 HRS. Hours <u>9</u>	Min. <u>—</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>Rt John Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. R. DARLING</u>	13b. MOTHER'S MAIDEN NAME <u>CORA GREGG</u>	14. NAME OF HUSBAND OR WIFE <u>Leslie Dyer, Trenton, MO.</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. Stanley Dyer</u> ADDRESS <u>Trenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
ANTECEDENT CAUSES 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 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"/>
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) <u>4201</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 <u>April 14 1951</u> to <u>April 14 1951</u> , that I last saw the deceased alive on <u>April 14 1951</u> , and that death occurred at <u>2-30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver P. Giffey MD</u> (Degree or title)		23b. ADDRESS <u>Trenton, MO</u>	23c. DATE SIGNED <u>April 16 1951</u>
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 17 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homey Creek Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy County, MO.</u>
DATE REC'D BY LOCAL REG. <u>4-17-51</u>	REGISTRAR'S SIGNATURE <u>June Jaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Blackmore</u> ADDRESS <u>Trenton, MO.</u>	



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 _____

Doyle E. Williamson

working under my personal supervision.

Student Embalmer No. 422

Signed *Doyle E. Williamson*
Student Embalmer

Signed *Raymond A. Davis*

Licensed Embalmer No. 3424

P. O. Address Centers 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.