

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17722

State File No.

0930

BIRTH NO.		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)			
a. COUNTY <u>St. Clair</u>		b. COUNTY <u>St. Clair</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>22 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellet Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Mabel</u>		b. (Middle) <u>Inez</u>		c. (Last) <u>Dyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/6/1951</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>8/12.1898</u>	
9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>52</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Ella Hull</u>		14. NAME OF HUSBAND OR WIFE <u>Alvin Dyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvin Dyer, Osceola 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* <u>Diffuse abdominal Carcinomatosis</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, 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		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 checked="" 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) (Min.)		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>16 May, 1951</u> , to <u>6 June, 1951</u> , that I last saw the deceased alive on <u>6 June, 1951</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Ellet M.D.</u>				23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>6 June 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/8/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 6-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Orla Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. ...</u>		ADDRESS <u>Osceola Mo</u>	

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

SEP 8

RECEIVED 6-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-12-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J.B. Handrick

Licensed Embalmer No. 3038

P. O. Address Canada, Md.

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.