

19795

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 18 1951

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5413 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweden, Rural, Walls</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweden, Rural, Walls</u>		0340		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>			b. (Middle) <u>L.</u>		c. (Last) <u>Dye</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-51</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>9-7-82</u>	9. AGE (In years and birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
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>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>R. G. Simmons</u>			13b. MOTHER'S MAIDEN NAME <u>Jones</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Dye</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Dye, Sweden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiac Arrest</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> <u>Hypertension</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Blindness - Deafness</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hr (?)</u> <u>12 hr -</u> <u>12 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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>3-20-</u> , 19 <u>50</u> , to <u>5-2-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-2-</u> , 19 <u>51</u> , and that death occurred at <u>11:20A</u> ., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. C. Bentley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ava Mo</u>		23c. DATE SIGNED <u>5-2-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sweden</u>		24d. LOCATION (City, town, or county) (State) <u>Sweden, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 4-51</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman</u> <u>84</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48340  
1

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUN 7 1951

Dist. File 651-1313

Date Filed 6-11-51

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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

*Lyle C. Clinkingbeard*

Licensed Embalmer No. 4830

P. O. Address Ova, 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.