

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22621**

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

| | | | | | | | |
|--|--|--|--|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 104 | | PRIMARY REG. DIST. NO. 5420 | | Registrar's No. 19 | |
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Holcomb Twp. | | c. LENGTH OF STAY (in this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Holcomb Twp. 1350 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | d. STREET ADDRESS (If rural, give location) Rte. #1 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES | | | b. (Middle) LEE | | c. (Last) DYE | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 14, 1951 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | 8. DATE OF BIRTH Sept. 28, 1949 | | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months 8 | IF UNDER 24 HRS. Days 16 Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Kennett, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Edgar Dye | | 13b. MOTHER'S MAIDEN NAME Ethel White | | 14. NAME OF HUSBAND OR WIFE -- | | | |
| 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 Edgar Dye ADDRESS Holcomb, Mo. Rte. 1 | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ran over by Car ANTECEDENT CAUSES Left temporal crushed <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> accident DUE TO (c) 8/24 25 | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS. 8/24 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 25 | 19a. DATE OF OPERATION | | | | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dunklin Dunklin Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) About 6 PM | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Walter E. Hays (Degree or title) Coroner | | | | 23b. ADDRESS Kennett Mo. | | 23c. DATE SIGNED 6-25-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 16, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery | | 24d. LOCATION (City, town, or county) (State) Clarkton, Mo. Rte. 1 | | |
| DATE REC'D BY LOCAL REG. June 26-51 | | REGISTRAR'S SIGNATURE J. L. Anderson 89 | | 25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home ADDRESS Campbell, Mo | | | |

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-7-51

COUNTY FILE NUMBER 751-178

JUL 20 1951

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

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.