

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5165

State File No. ....

FILED FEB 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>5258</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROGERSVILLE, R#1</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROGERSVILLE, Route 1</u>		0220		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>INEZ</u>			b. (Middle) _____		c. (Last) <u>Dyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 19, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 23, 1870</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Rufus, (Deceased)</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 ADDRESS <u>Raymond Dyer, Rogersville 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				CORONARY THROMBOSIS		1 day		
ANTECEDENT CAUSES				DUE TO (b) _____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS				Arteriosclerosis, generalized, very severe, especially cerebral.		4 years		
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>20 Feb</u> , 19 <u>53</u> , to <u>19 Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>14 Jan</u> , 19 <u>53</u> , and that death occurred at <u>7:27 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. D. Ryan M.D.</u>				23b. ADDRESS <u>Clark, Mo</u>		23c. DATE SIGNED <u>21 Jan 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Watts Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rogersville, Rural, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 19-53</u>		REGISTRAR'S SIGNATURE <u>Emma Jean Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Ferrell, Rogersville, Mo</u>				

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed K K Kelley

Signed.....  
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland, 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.