

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15671**BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **302k** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. LENGTH OF STAY (In this place) 40 hrs.	c. CITY OR TOWN Armstrong		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			e. STREET ADDRESS (If rural, give location) R. R. Prairie Twp. 0450		
3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) Grayson c. (Last) Dysart			4. DATE OF DEATH May 12, 1954 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/21/1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 8 IF UNDER 24 HRS. Hours 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Trinity, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ambrose Carter Grayson		13b. MOTHER'S MAIDEN NAME Mattie Logan		14. NAME OF HUSBAND OR WIFE Karl Kelley Dysart	
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 ADDRESS K. K. Dysart Taft, Tenn.			
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 40 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 331 X				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)			
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 MAY 10, 1954 , to May 12, 1954 , that I last saw the deceased alive on May 12, 1954 and that death occurred at 7:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Mary K. Sheel			23b. ADDRESS 436 Fayette, Mo.		23c. DATE SIGNED 5-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/12/1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Franklin Tenn.		
DATE REC'D BY LOCAL REG. 5-14-54	REGISTRAR'S SIGNATURE Mary K. Sheel	436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *33*.....

P. O. Address *Fayette,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.