

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22126**  
Registrar's No. **780**

FILED JUL 19 1954

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>780</b>				
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>				b. COUNTY <b>Clinton</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cameron</b> <b>025/</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>507 West 3rd. Street.</b>						
3. NAME OF DECEASED (Type or Print) <b>ORBIE</b>		a. (First)		b. (Middle) <b>L.</b>		c. (Last) <b>DWYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 9- 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 18- 1886</b>		9. AGE (In years last birthday) <b>68 Yrs</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rural Mail Carrier</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired: U.S. Gov.</b>			11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Daniel M. Dwyer</b>			13b. MOTHER'S MAIDEN NAME <b>Angelina Trotter</b>			13c. NAME OF HUSBAND OR WIFE <b>Daisy Dwyer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Daisy Dwyer, (wife), Cameron, Mo.</b>				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro vascular accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>Hypertensive vascular disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign prostatic hypertrophy thrombophlebitis, left leg</b>						INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b> <b>unknown</b> <b>unknown</b> <b>2 yrs</b> <b>3 day</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>						20. AUTOPSY? YES <input checked="" 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 <b>July 5, 1954</b> , to <b>July 9, 1954</b> , that I last saw the deceased alive on <b>July 9, 1954</b> , and that death occurred at <b>9:45 P.M.</b> from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>William N. Ames, M.D.</b>				23b. ADDRESS <b>902 Edmund St. City</b>				23c. DATE SIGNED <b>July 16, 1954</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(removal)</b>		24b. DATE <b>July 9th 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cameron, Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>July 15, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mierhoff &amp; Hanant</b>		ADDRESS <b>St. Joseph, Missouri.</b>				

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

AUG 23 1954

**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 Raymond H. Horebeck  
Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri

**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.