

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7289

State File No.

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>351</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph Mo</u> 01170		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manor Nursing Home</u> <u>110 South 10th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1214 Frederick Ave.</u>		
3. NAME OF DECEASED (Type or Print) <u>Alexander</u>		a. (First) <u>Alexander</u>	b. (Middle) <u>*****</u>	c. (Last) <u>Dyas</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-55</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11/15/1883</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Gen. Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clarksdale, Mo.</u> 0
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Tine Dyas</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Dice</u>		14. NAME OF HUSBAND OR WIFE <u>** -None</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>Not known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Petty 1716 Red Ave. St Joseph 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple SubDural Hemorrhages</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pachymeningitis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Senility and Debility</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u> <u>Unk.</u> <u>Unk.</u>
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)		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>3/13</u> <u>1955</u> , to <u>3/31</u> , <u>1955</u> , that I last saw the deceased alive on <u>3/31</u> , <u>1955</u> , and that death occurred at <u>9:45 am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. J. Mundy</u> 0		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u>
23c. DATE SIGNED <u>4/1/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plesant Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Dekalb Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>April 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Summerfield Stewartville Mo</u>

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

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1952

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

W.E. Sumner, Jr.

Licensed Embalmer No. 3007

P. O. Address Stewartville, Md.

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.