

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15073

BIRTH NO.		REG. DIST. NO. 100	PRIMARY REG. DIST. NO. 5390	Registrar's No. 42
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, write RURAL and give township) Spiral-Springcreek		c. LENGTH OF STAY (In this place) yrs		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. X		e. STREET ADDRESS (If rural, give location) So. 2 miles 0330		
3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) A c. (Last) Dye		4. DATE OF DEATH (Month) (Day) (Year) 5-17-55		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-15-96	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME E L Dye		13b. MOTHER'S MAIDEN NAME Ary B Sprague	14. NAME OF HUSBAND OR WIFE Daisy Willis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes		16. SOCIAL SECURITY NO. WW 2 497-01-0828	17. INFORMANT'S SIGNATURE OR NAME Daisy Dye Salem Mo	
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) Coronary Occlusion CORONARY HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 MIN UNKNOWN
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 12/20/54 to 7/29/54, that I last saw the deceased alive on 7/23/54, and that death occurred at 1:15 A.M., from the causes and on the date stated above.				
23a. SIGNATURE L.H. Hunt		23b. ADDRESS Salem Mo		23c. DATE SIGNED 5/17/55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-19-55	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem	24d. LOCATION (City, town, or county) (State) Salem Dent Co Mo
DATE REC'D BY LOCAL REG. 5-18-55		REGISTRAR'S SIGNATURE P.C. Mitchell, M.D. by MBE		25. FUNERAL DIRECTOR'S SIGNATURE Carl K. Jensen ADDRESS Salem Mo

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

1955
AUG 8 07A

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
Signature of Licensed Embalmer

Licensed Embalmer No. 237

P. O. Address
Signature of Licensed Embalmer

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.