

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **18406**

FILED JUL 11 1955

BIRTH NO.		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>5477</b>		Registrar's No. <b>62</b>			
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>					
b. CITY (If outside corporate limits, write "Rural") <b>Trenton (Rural)</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>Trenton R.F.D. #5</b>		d. Is 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				STREET ADDRESS (If rural, give location) <b>R.F.D. #5</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>X</b>	c. (Last) <b>Dyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 22 1955</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>May 1, 1876</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Grundy County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Thomas Dyer</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Renfro</b>		14. NAME OF HUSBAND OR WIFE <b>Augusta Dyer</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.		17. INFORMANT'S SIGNATURE OR NAME <b>Augusta Dyer</b>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <b>4500</b>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				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						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) (m.)		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>Nov 19, 1954</b> to <b>Apr 22, 1955</b> , that I last saw the deceased alive on <b>Apr 21, 1955</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E. A. Duffy M.D.</b>				23b. ADDRESS <b>Trenton Mo</b>				23c. DATE SIGNED <b>Apr 22 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr 24, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K. of P. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>4-24-55</b>		REGISTRAR'S SIGNATURE <b>J. H. ...</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gipson Funeral Home Trenton, Mo.</b>				

(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 *Leslie Whitaker*

Licensed Embalmer No... *476*

P. O. Address *Linton*

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.