

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28633

State File No.

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 1168

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Marshall</u>) | | c. CITY OR TOWN <u>R.F.D. Marshall</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>87yr</u> | | e. STREET ADDRESS (If rural, give location) <u>R.F.D. 4, Marshall, Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline County Farm</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Dysart</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>1868</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Supt. Saline County Farm,</u> | ADDRESS _____ |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Heart disease</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema, urinary tract infection</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|---|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|---|----------------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to Sept. 8, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 1:20p m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John S. Simmons M.D.</u> | 23b. ADDRESS <u>Marshall Mo.</u> | 23c. DATE SIGNED <u>9-9-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/10/55</u> | 24c. NAME OF CEMETERY OR CREMATORY (Farm) <u>Springview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>9-10-55</u> | REGISTRAR'S SIGNATURE <u>Cecil G. Reed Deputy</u> | 385-4 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thasale M...</u> | ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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

170
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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 *George P. Green*

Licensed Embalmer No. *472*

P. O. Address *Barabell*

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.