

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36286**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CALIFORNIA</u> b. COUNTY <u>unknown</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>SANONA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCleary Clinic &amp; Hosp</u>		STREET ADDRESS (If rural, give location) <u>unknown</u> \$ 04 8	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>Patton</u>	c. (Last) <u>DYSART</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JUNE 6, 1888</u>	9. AGE (In years last birthday) <u>67</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>FIREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James Patton Dysart</u>	13b. MOTHER'S MAIDEN NAME <u>Julia C. Talbot</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. <u>yes, unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>P. E. Dysart</u>	ADDRESS <u>Slater, Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. valvular heart disease</u>		
	DUE TO (c) <u>4214</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ascites - pleural effusion dependent edema</u>		<u>9 days</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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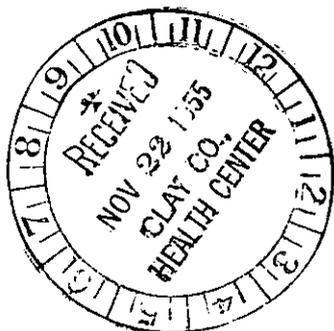
22. I hereby certify that I attended the deceased from 10-18, 1955 to 10-27, 1955, that I last saw the deceased alive on 10-27, 1955, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Barney C. Coleman, M.D.</u>	(Degree or title)	23b. ADDRESS <u>1400 St. Louis St Excelsior Springs</u>	23c. DATE SIGNED <u>10-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 27, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sappington</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/9/55</u>	REGISTRAR'S SIGNATURE <u>Barlene Hutchings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Crickard</u>	ADDRESS <u>Excelsior Springs Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



APR 10 1956

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 *Ralph E Van Landingham*

Licensed Embalmer No. *400*

P. O. Address *Galien Springs, Mo*

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.