

FILED DEC 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 37886

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION 1017 Pine St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1017 Pine St. 0970	

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) R c. (Last) DYER			4. DATE OF DEATH (Month) (Day) (Year) December 4, 1955		
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1899	9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 17	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Tibbitts, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Henry Ponnell		13b. MOTHER'S MAIDEN NAME Betty E. Smith		14. NAME OF HUSBAND OR WIFE Charles Dyer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-32 0262	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Dyer, St. Charles, Mo.		
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction (Immediate)				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Artery occlusion + thrombosis DUE TO (c) Gen. arterio sclerosis				(Immediate)
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive CVD				2 yrs.

19a. DATE OF OPERATION	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)	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 3-2-1953 to 12-4-1955, that I last saw the deceased alive on 11-16-1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. E. Endler (Degree or title)		23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED December 6, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
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DATE REC'D BY LOCAL REG. Dec 7 1955	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Bowe, St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1956

OCT 21 1957

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 *Clarence M. Billo*.....

Licensed Embalmer No. *437*.....

P. O. Address *St. Charles*.....

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.