

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41255

State File No.

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. St. 67 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural (Bedford)</u>		c. CITY OR TOWN	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>Lincoln County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles South of Wright City Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Hubbard</u> c. (Last) <u>Dyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 16 1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>19</u>	IF UNDER 12 HRS. Hours <u>3</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wentsville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Sid Dyer</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Scruggs</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Dyer</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>187-20-9017</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Dyer</u>	ADDRESS <u>Wright City MO.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2+ hours</u> <u>10+ years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION <u>2/17/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bilateral indirect inguinal hernia</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) (m.)	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 12/16, 1955, to Dec 19, 1955, that I last saw the deceased alive on 12/18, 1955, and that death occurred at 7:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Troy Mo</u>	23c. DATE SIGNED <u>12/21/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 22 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Prairie Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ethlyn MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-23-55</u>	REGISTRAR'S SIGNATURE <u>Emma R. Ridder</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Coy</u>	ADDRESS <u>Troy Mo.</u>
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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 Wayne M. McCoy.....
Licensed Embalmer No. 3586.....
P. O. Address Troy 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.