

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 17 1956

No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>5 mo</u>		c. CITY OR TOWN <u>Bernie</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bell Air Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>10201</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Dye</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 1 1891</u>	
9. AGE (In years Last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holcomb, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Dye</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u></u>		
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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Dye Bernie, Mo</u> ADDRESS <u></u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Thrombosis</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Gen. arteriosclerosis</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>					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)		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 <u>1-19</u> , 19 <u>56</u> , to <u>1-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-29</u> , 19 <u>56</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Urban</u>			23b. ADDRESS <u>M. D. Sikeston, Mo</u>			23c. DATE SIGNED <u>2-3-56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dak. Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-8-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Glad Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John St. German</u>		ADDRESS <u>Hayti, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED FEB 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-100 *fd*

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 *John H. German*.....

Licensed Embalmer No. *435*.....

P. O. Address *Hayti*.....

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.