

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8617

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 57

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u> c. LENGTH OF STAY (In this place) <u>11 Days</u> | | c. CITY OR TOWN <u>Kennett</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>Pryor Hill Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>708 N. Walnut Street</u> | |
| 3. NAME OF DECEASED a. (First) <u>James Henry Dye</u> b. (Middle) _____ c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-1956</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>March 29-1882</u> |
| 9. AGE (In years last birthday) <u>73</u> 11 | 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin County, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Dave Dye</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>409-18-5282</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Jack Dye</u> | | ADDRESS <u>Kennett, Mo.</u> | |
| 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) <u>Coronary heart disease</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4201 | |
| 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) (Min.) _____ | |
| 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>3/14</u> , 19 <u>56</u> , to <u>3/25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>56</u> , and that death occurred at <u>6:20 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H.C. Wilson M.D.</u> | | 23b. ADDRESS <u>Kennett, Mo.</u> | |
| 23c. DATE SIGNED <u>3-30-56</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>3-27-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pine City Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Hollands, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>3-31-1956</u> | |
| REGISTRAR'S SIGNATURE <u>Earl Husband</u> | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz Swice</u> | |
| ADDRESS _____ | | ADDRESS <u>Kennett, Mo.</u> | |

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

96-0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-2-56
COUNTY FILE NUMBER: 456-

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 *Edgar Lee Ford*
Licensed Embalmer No. *4433*
P. O. Address *Kennett*

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.