

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9575**

BIRTH NO. **16441-56** REG. DIST. NO. **166** PRIMARY REG. DIST. NO. **5605** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington Township</b>		c. LENGTH OF STAY (In this place) <b>1 1/2 hrs 20 min</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Whiteman AF Base Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>919 Lancaster Street</b>	
3. NAME OF DECEASED a. (First) <b>Paulette</b> (Type or Print)		b. (Middle) <b>Ann</b> c. (Last) <b>Dyar</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>14 March 1956</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>2</b> IF UNDER 1 YEAR: Months <b>2</b> IF UNDER 12 HRS: Hours <b>2</b> Mins.
11. BIRTHPLACE (City and State or Foreign Country) <b>Whiteman AF Base, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Paul Joseph Dyar</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Theresa Huck</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Paul Joseph Dyar</b>		ADDRESS <b>KNOXPOSTER MO.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Immature infant (Weight: 1 lb, 6 1/2 ozs).</b>		INTERVAL BETWEEN ONSET AND DEATH <b>41 hrs 20 min</b>
ANTECEDENT CAUSES 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 <b>None</b>		

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) <b>776x</b>
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 **15 Mar, 1956, to 16 Mar, 1956**, that I last saw the deceased alive on **16 Mar, 1956**, and that death occurred at **12:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jose M Fernandez Padilla</b>	(Degree or title) <b>JOSE M FERNANDEZ-PADILLA 1LT USAF (MC)</b>	23b. ADDRESS <b>340th Tactical Hospital</b>	23c. DATE SIGNED <b>16 Mar 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 17, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3/18/56</b>	REGISTRAR'S SIGNATURE <b>Thomas C Beatty</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney-Phillips</b> ADDRESS <b>Warrensburg, Mo.</b>	

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

1496

RECEIVED  
MAR 26 1956  
JOHNSON COUNTY HEALTH DEPT.

**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 .....  
Student Embalmer

Signed *John P. Rodgers*

Licensed Embalmer No. *4963*  
*Warrensburg, Mo.*  
P. O. Address \_\_\_\_\_

**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 this body is not embalmed, fact should be so stated above.