

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20866

STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. 139

Primary Registration District No. 4223

Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Holt			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maitland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maitland		0440 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ronald Dwyre			4. DATE OF DEATH 6 10 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Elevator - laborer	11. BIRTHPLACE (City and state or country) Sterling, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James E. Dwyre			14. MOTHER'S MAIDEN NAME Della Winter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs Catherine Dwyre, Maitland, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute congestive heart failure DUE TO (b) Coronary occlusion DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 days 2 wks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE
21. I attended the deceased from May 25-57 to June 10-57 and last saw him ^{her} alive on 6-9-57 Death occurred at 6 P m on the 10 day stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. B. Perry M.D.		22b. ADDRESS Mound City, Mo		22c. DATE SIGNED 6-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-13-1957	23c. NAME OF CEMETERY OR CREMATORY Graham Cemetery		23d. LOCATION (City, town, or county) (State) Graham, Mo.	
24. FUNERAL DIRECTOR ADDRESS D. B. Perry M.D.		25. DATE RECD. BY LOCAL REG. 6-13-57	26. REGISTRAR'S SIGNATURE James Crawford		

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 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 *G. M. Atkinson*.....

Licensed Embalmer No. *72*.....

P. O. Address *Maryland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.