No. 300
10-48

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25669

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 134

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

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural....~~Rolla~~ Miller
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route No. 3 5 Miles N.W.Rolla..Carney Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Rolla
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route No. 3

08 10 0

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle): VEST
c. (Last): DYER

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 2, 1895
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Phelps County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Dyer
13b. MOTHER'S MAIDEN NAME: Annie White
14. NAME OF HUSBAND OR WIFE: never married.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. No. 1
16. SOCIAL SECURITY NO.: 498-14-9904
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Edna Dyer, Rt. 3, Rolla Mo.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 4341
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1957, *to* July, 1957, *that I last saw the deceased alive on* June 28, 1957, *and that death occurred at* 1.30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S F Andreasen MD
23b. ADDRESS: 213 W 8th Rolla Mo
23c. DATE SIGNED: 8/5/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 2, 1957
24c. NAME OF CEMETERY OR CREMATORY: Dyer Cemetery
24d. LOCATION (City, town, or county) (State): N/W of Rolla Phelps Mo

DATE REC'D BY LOCAL REG.: Aug. 5, 1957
REGISTRAR'S SIGNATURE: Nadine L Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Null & Sons Funeral Home Paul E. Null
ADDRESS: Rolla, Mo

(Licensed Embalmer's Statement on Reverse Side)

380-0

RECEIVED
Phelps County Health Officer,
County File Number 787
Date Filed AUG 12 1957

AUG 16 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul E. Mu

Licensed Embalmer No....449

P. O. Address....Rolla,

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