

FILED SEP 11 1957

STANDARD CERTIFICATE OF DEATH

28444

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 52-70 Registrar's No. 391

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Jackson <i>Fllege, Twp.</i>			a. STATE Montana b. COUNTY Dawson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Buckner, rural Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN Glendive <i>7000</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home of her son Length of stay in lb 4 1/2 months			d. STREET ADDRESS (If outside, give location) 1307 N. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last Josephine Agnes Dyer			Month Day Year Sept. 3, 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) near Grain Valley, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph P. Vaughan			14. MOTHER'S MAIDEN NAME Belle Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. XXX	17. INFORMANT Address Claude Dyer, Buckner, 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) Hypertensive Pneumonia (Lobar) 24 hr. DUE TO (b) Chronic Myocardial Degeneration DUE TO (c) Senility 4222 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
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 <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 Buckner		COUNTY STATE Jackson Missouri
21. I attended the deceased from April 27, 1957 to Sept. 3, 1957 and last saw her alive on Sept 3 Death occurred at 2:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John L. Wessler D.O. Buckner, Mo.			22b. ADDRESS		22c. DATE SIGNED 9-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	Sept. 6, 1957	Oakland Cemetery		Buckner, Missouri (Rural)	
24. FUNERAL DIRECTOR Hazel H. Reppert		ADDRESS Buckner, Mo.		25. DATE RECD. BY LOCAL REG. 9-5-57	26. REGISTRAR'S SIGNATURE

Diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 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 *Ralph Jones*
Licensed Embalmer No. 46

P. O. Address *Odessa*

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.