

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **901**

FILED JAN 6 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BREWER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD 0396</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1011 E. LOCUST</u>		d. STREET ADDRESS (If outside, give location) <u>1011 E. LOCUST</u>	
Length of stay in 1b <u>60 Yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>HUGH</u> Middle <u>V.</u> Last <u>DYCHE</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>1</u> Year <u>1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>30 JUNE 1895</u>	9. AGE (In years last birthday) <u>62</u>	10. F UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN C. DYCHE</u>	13b. MOTHER'S MAIDEN NAME <u>LUCINDA PENDERLAND</u>	14. NAME OF HUSBAND OR WIFE <u>DELEASCP</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or grades of service) <u>YES WWI</u>	16. SOCIAL SECURITY NO. <u>702-07-2135</u>	17. INFORMANT <u>KENNETH DYCHE</u>	Address <u>AMORY, MISS.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks</u>
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
DUE TO (c) _____		<u>3 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ 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	COUNTY	STATE
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21. I attended the deceased from <u>4-22-52</u> , to <u>1-1-58</u> and last saw him alive on <u>1-1-58</u> Death occurred at <u>9:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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21a. SIGNATURE <u>Paul C. Merton</u> (Degree or title) <u>M.D.</u>	21b. ADDRESS <u>SPRINGFIELD, MO.</u>	21c. DATE SIGNED <u>1-2-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL</u>	23d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, Mo.</u>
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24. FUNERAL DIRECTOR <u>J. W. Kingree &amp; Co.</u> ADDRESS <u>Spfld. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 6 1958

JAN 8 1958

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 *Catherine Kling*

Licensed Embalmer No. 3799  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.