

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016797  
STATE FILE NUMBER 557

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Buchanan County Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Missouri		c. CITY OR TOWN Sheridan Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2518 Francis St		d. STREET ADDRESS (If outside, give location) North part	
Length of stay in lb 12 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Middle Last	4. DATE OF DEATH	Month Day Year
Mary Lydia Dye		April-27-	1959

5. SEX female	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 October-8-1872	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months 6 Days 19	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Aianthus Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Friend	13b. MOTHER'S MAIDEN NAME Mary Ann Filbert	14. NAME OF HUSBAND OR WIFE J. Hurley Due
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address J. Hurley Dye 2518 Francis St St Joe
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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: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intertrochanteric fracture, right hip 5 days		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1

20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient fell
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20c. TIME OF INJURY . Hour Month, Day, Year a.m. 4-21-59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION St. Joseph, Buchanan, Missouri	COUNTY STATE
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21. I attended the deceased from 4-22-59, to 4-27-59 and last saw her alive on 4-22-59	Death occurred at 8:10 a.m.	m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>E.F. Butler</i> (Degree or title) M. D.	22b. ADDRESS 902 Edmond, St. Joseph, Mo.	22c. DATE SIGNED 5-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 29-59	23c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery	23d. LOCATION (City, town, or county) Sheridan Missouri
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24. FUNERAL DIRECTOR John Andrew Grant City Mo	ADDRESS Great City Mo	25. DATE RECD. BY LOCAL REG. May 29, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell
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(Licensed Embalmer's Statement on Reverse Side)

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

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 John Andrews, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrews  
Licensed Embalmer No. 4211

P. O. Address Grant City

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.