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Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020955
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 572 B

1. PLACE OF DEATH
a. COUNTY: G reene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Medical Center for Federal Prisoners — Length of stay in 1b: 3 Mos, 24 D

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Cooke
c. CITY OR TOWN: Chicago — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): UNKNOWN — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JOHN Middle: (NONE) Last: DYE
4. DATE OF DEATH: Month: JUN Day: 8 Year: 1959
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 3-30-1922
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (City and state or country): Huntington, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Dye
13b. MOTHER'S MAIDEN NAME: Rachel Peters
14. NAME OF HUSBAND OR WIFE: Divorced
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MCFP-FILES Address: Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchogenic carcinoma — Months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **********
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **********
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from The Medical Staff Jan. 14, 1959 to June 8, 1959 and last saw him alive on June 8, 1959
Death occurred at 6:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. A. Hunter M.D. (Degree or title) J. A. HUNTER, M. D. Clinical Director
22b. ADDRESS: Medical Center for Federal Prisoners, Springfield, Mo.
22c. DATE SIGNED: 6-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-59
23c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR AND ADDRESS: AYRE-GOODWIN: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 6-15-59
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, Mo.

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.