

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033353

FILED VS. SEP 23 1959

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 104

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville		Length of stay in 1b 26 yrs		c. CITY OR TOWN Humansville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Big Springs Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 miles west			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Walter Middle Cook Last Dyer				4. DATE OF DEATH Month 9 Day 14 Year 59			
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/18/66	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Tabor Rock, Nebr.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Wm. Jasper Dyer			13b. MOTHER'S MAIDEN NAME Rhoda Jane Wheeler		14. NAME OF HUSBAND OR WIFE Myrtle Bell Dyer		
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. -	17. INFORMANT Address Cecil Martin Humansville, 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) Chronic myocarditis -						INTERVAL BETWEEN ONSET AND DEATH	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. _____	Month, Day, Year						
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
21. I attended the deceased from <u>September 7</u> A. to <u>9/14/59</u> and last saw ^{her} him alive on <u>9/12/59</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. Robinson M.D.				22b. ADDRESS Humansville, Mo.		22c. DATE SIGNED 9/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/16/59	23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		23d. LOCATION (City, town, or county) Humansville, Missouri			
24. FUNERAL DIRECTOR Beckwith Funeral Home Humansville, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 17, 1959	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jennell Gordon	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937
P. O. Address Hamensville, Va

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.