URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–038795

FILED VS NOV 23 1959

Registration District No. 1 Primary Registration District No. — Registrar's No. 349 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop R. F. D — Length of stay in 1b yrs

c. CITY OR TOWN Greentop, R. F. D. — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at family home Polk Twp — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Polk Twp — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Clara Middle Last Dyer

4. DATE OF DEATH Month Nov. 18, Day 1959 Year

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/13/1884

9. AGE (last birthday) 75 — 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) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Adair County Mo

12. CITIZEN OF WHAT COUNTRY U. S.A.

13a. FATHER'S NAME Al Dyer

13b. MOTHER'S MAIDEN NAME Lizzie Lowe

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Charley Dyer, Greentop, 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) Exposure et Malnutrition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) age

DUE TO (c) living alone

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 not at all and last saw her alive on none

Death occurred at Approx 8: A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Ad. Co. Health Officer

22b. ADDRESS Kirksville, Mo.

22c. DATE SIGNED 11/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/20/59

23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery

23d. LOCATION (City, town, or county) (State) Greentop, Mo.

24. FUNERAL DIRECTOR Paul M. Riley ADDRESS Kirksville, Mo.

25. DATE RECD. BY LOCAL REG. 11-20-1959

26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

V. H. CASNER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed George W. Davd

Signature of Student Embalmer

Licensed Embalmer No. 4799

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.