

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010914

FILED VS APR 4 1960

149

1002

1681

STATE FILE NUMBER

INDEXED

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

3-29-60  
3-29-60  
None  
DOCUMENT  
3-22-60  
None  
MEDICAL CERTIFICATION  
3-23-60  
BY AFFIDAVIT OF WITNESSES  
15  
236  
John Justus

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in 1b <b>60 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>710 E. 77th. St.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>HUGH</b> Middle <b>V.</b> Last <b>DYE</b>			4. DATE OF DEATH Month <b>March</b> Day <b>21</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-6-1886</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Auburn, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Aaron E. Dye</b>	13b. MOTHER'S MAIDEN NAME <b>McDermott</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret M. Dye</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes None   WWI</b>	16. SOCIAL SECURITY NO. <b>563-10-7419</b>	17. INFORMANT Address <b>Mrs. Margaret Dye 710 E. 77th. St.</b>
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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
IMMEDIATE CAUSE (a)	<b>Myocardial Infarction</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Coronary arteriosclerosis.</b>	
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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 <b>1954</b> to <b>Mar. 21, 1960</b> and last saw him alive on <b>MAR. 21, 1960</b> Death occurred at <b>1:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>John B. Justus M.D.</b>	22b. ADDRESS <b>4620 Nichols Pkwy K.E., MO</b>	22c. DATE SIGNED <b>3-21-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-22-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY - CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b> 1800 E. Linwood Blvd.	ADDRESS <b>1800 E. Linwood Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>3-22-60</b>	26. REGISTRAR'S SIGNATURE <b>Thera Marshall</b>
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**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 Lloyd F. Dieckman, Student Embalmer No. 603  
working under my personal supervision.

Student Lloyd F. Dieckman  
Signature of Student Embalmer

Signed

James E. Fackler

Licensed Embalmer No. 4573

P. O. Address H. A. 9th

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