

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-022562
STATE FILE NUMBER

FILED VS. JUN 8 1960 59

Primary Registration District No. 4097 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) Harrisonville		Length of stay in 1b 4 hours	c. CITY OR TOWN Garden City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harold Middle Paschal Last Dyar			4. DATE OF DEATH Month 6 Day 19 Year 1960		
5. SEX Male	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 10/21/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Lawyer		11. BIRTHPLACE (City and state or country) Tombstone, Arizona	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Paschal M. Dyar		13b. MOTHER'S MAIDEN NAME Helen J. Dyar	
14. NAME OF HUSBAND OR WIFE Dena M. Dyar		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-36-1132A	
17. INFORMANT Mrs. Dena M. Dyar		Address Garden City, Missouri			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE	
	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.) NO
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

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 Garden City, Missouri
21. I attended the deceased from June 19, 1960 and last saw her alive on June 19, 1960 Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Harrisonville MO	22c. DATE SIGNED 2/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/1960	23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery
23d. LOCATION (City, town, or county) (State) Garden City, Missouri		24. FUNERAL DIRECTOR William H. Hixson, Harrisonville, Mo.
25. DATE RECD. BY LOCAL REG. June 21-1960		26. REGISTRAR'S SIGNATURE Mrs. Gray Sebra

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

