URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039227

STATE FILE NUMBER

FILED VS. OCT 24 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 356.

NDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home – 1000 W. 10th — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1000 West Tenth — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BROOX Middle E. Last DYER

4. DATE OF DEATH Month October Day 20, Year 1960

5. SEX FeMale

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Oct. 15, 1887

9. AGE (last birthday) 73 — 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) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY Housekeeping

11. BIRTHPLACE (City and state or country) Miller Co., Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Josiah Goodman

13b. MOTHER'S MAIDEN NAME Jennie Etter

14. NAME OF HUSBAND OR WIFE Floyd Dyer

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. 497-26-8295

17. INFORMANT Address Mrs. Sylvia Stumpf - Sedalia, 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) Generalized Metastatic Melano Carcinoma
DUE TO (b) Melano Carcinoma of abdominal wall
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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 8-11-60, to 10/20/60 and last saw her alive on 10/19/60
Death occurred at 5 25 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J W Boger MD

22b. ADDRESS Sedalia Mo

22c. DATE SIGNED 10/21/60

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

23b. DATE Oct. 22, 1960

23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

23d. LOCATION (City, town, or county) (State) S. & E. of Versailles, Mo.

24. FUNERAL DIRECTOR ADDRESS D.W. Heckart - Gillespie Funeral Home, Sedalia, Mo.

25. DATE RECD. BY LOCAL REG. 10/22/1960

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

NOV 8 1960

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_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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