

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047530

STATE FILE NUMBER

Registration District No. 891 Primary Registration District No. 4505 Registrar's No. 29

FILED DEC 20 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY STODDARD				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY STODDARD				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELL CITY, MISSOURI		Length of stay in 1b 8 YRS		c. CITY OR TOWN BELL CITY, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BELL CITY, MISSOURI				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 type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LOY Middle N. Last DYCUS				4. DATE OF DEATH Month DEC Day 9 Year 1961				
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 1-7-1893		
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 11 Days 2 Hours Min. 		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. SCHOOL TEACHER			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) SMITHLAND, KY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J.W. DYCUS			13b. MOTHER'S MAIDEN NAME ORAN PAYNE			14. NAME OF HUSBAND OR WIFE WILLAA DYCUS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR ONE			16. SOCIAL SECURITY NO.		17. INFORMANT Address WILLAA DYCUS BELL CITY, 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 20 mins.	
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 checked="" 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 12-9-61 to 12-9-61 and last saw ^{her} him alive on 12-9-61 Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Elephant M. Rivers, D.C. (Degree or title)				22b. ADDRESS Bell City, Mo.			22c. DATE SIGNED 12-14-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 11, 1961		23c. NAME OF CEMETERY OR CREMATORY GOTHONS CEMETERY		23d. LOCATION (City, town, or county) SMITHLAND, KY.		(State)
24. FUNERAL DIRECTOR Coy Shibley			ADDRESS BELL CITY, MO		25. DATE REC'D. BY LOCAL REG. 12/15/61		26. REGISTRAR'S SIGNATURE Bernice Moore	

DEC 27 1961

JAN 4 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Charles E. Mungle

Licensed Embalmer No.

4877

P. O. Address

Poplar Bl.

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.