

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012280

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 295

Primary Registration District No. 6015

Registrar's No. 105

FILED MAR 23 1962

VS 300  
Rev. 4/59

10887  
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1290-3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Randolph</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural--Salt Spring Twp.</b>		c. CITY OR TOWN <b>Rural--Salt Spring Twp.</b>	
Length of stay in lb <b>3 days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hwy. #3: South of Huntsville</b>		d. STREET ADDRESS (If outside, give location) <b>Hwy. #3: S of Huntsville</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <b>George</b> Middle <b>William</b> Last <b>Dysart</b>			Month <b>March</b> Day <b>19</b> Year <b>1962</b>
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>6-2-1896</b>
9. AGE (last birthday) <b>65</b>		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) <b>Retired Utility Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil Co.</b>	11. BIRTHPLACE (City and state or country) <b>Randolph Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>United States</b>		13a. FATHER'S NAME <b>Nicholas Givens Dysart</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Dameron</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Marie Dysart</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>Don't know</b>	
17. INFORMANT <b>Mrs. Pauline Harris</b>		Address <b>509 Indiana St. South Roxana, Illinois</b>	
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 <b>1 1/2 hrs</b>
IMMEDIATE CAUSE (a) <b>Medulary Paralysis</b>			<b>Instant</b>
DUE TO (b) <b>Sufication</b>			<b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Hanging by neck</b>			<b>Instant</b>
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>With a #9 wire around neck and father in</b>
20c. TIME OF INJURY Hour <b>7:15 A.</b> s.m. p.m. Month, Day, Year	barn fastened securely, let himself down in hanging position.		
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.) <b>Barn on Farm</b>	20f. CITY, TOWN, OR LOCATION <b>Salt Springs Twn. Randolph, Mo.</b>	COUNTY STATE
21. I attended the deceased from <b>7:15 A.</b> to <b>her</b> and last saw him <b>alive on</b> Death occurred at <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Benjamin J. Jolly, M.D., Coroner</b>		22b. ADDRESS <b>205 1/2 N. Clark St., Moberly, Mo.</b>	
22c. ADDRESS <b>3-20-62</b>		22d. SIGNED <b>3-20</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3-22-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Alton, Illinois</b>
24. FUNERAL DIRECTOR <b>Tom B Patton</b>	ADDRESS <b>Huntsville</b>	25. DATE RECD. BY LOCAL REG. <b>3-20-62</b>	26. REGISTRAR'S SIGNATURE <b>Olenna Patterson</b>

no (Licensed Embalmer's Statement on Reverse Side)

MAR 30 1962

OCT 20 1964

**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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.