

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

0034922

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

CLINTON

Length of stay in 1b
4 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

METZEL Hospital

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)
a. STATE

MO

b. COUNTY

BENTON

c. CITY
OR
TOWN

Lincoln RT#2

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
5 mile S.E. of LincolnReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Phillip Augustine DWYER4. DATE
OF
DEATHMonth Day Year
OCT. 2 1964

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/5/1894

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Greeley, Nebraska U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John DWYER

13b. MOTHER'S MAIDEN NAME

MARTIE HANSEN

14. NAME OF HUSBAND OR WIFE

IDOL DWYER

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.

490-42-9583

17. INFORMANT

IDOL DWYER Lincoln 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)

acute exsanguination

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Ruptured aortic aneurysm

1 day

DUE TO (c)

arterial sclerosis of aorta

6 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

old myocardial infarction

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
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 1959 to death and last saw her alive on 10-2-64
Death occurred at 4:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. R. Wetzel

(Degree or title)

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

10-4-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

10/4/1964

23c. NAME OF CEMETERY OR CREMATORY

MT. PLEASANT CEM.

23d. LOCATION (City, town, or county)

Lincoln

(State)

MO

24. FUNERAL DIRECTOR

Fred DAVIS & Son

ADDRESS

Lincoln

25. DATE RECD. BY LOCAL REG.

Oct. 3, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 2 1965

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, Mo

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.