

STANDARD CERTIFICATE OF DEATH

20239

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 32

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Missouri</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE (At Home)</u>   |  | d. STREET ADDRESS (If rural, give location) <u>2nd &amp; Franklin Streets</u>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>CHRISTIAN</u> c. (Last) <u>DYSART</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-52</u>  |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   | 8. DATE OF BIRTH <u>18 7 1868</u>  |
| 9. AGE (In years last birthday) <u>83</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug salesman</u>   | 11. BIRTHPLACE (State or foreign country) <u>RANDOLPH COUNTY 0</u>               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug salesman</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>   | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |
| 13a. FATHER'S NAME <u>DR. W C Dysart</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Susan Collins</u>   | 14. NAME OF HUSBAND OR WIFE <u>Louise Dysart</u>                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO. <u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Dysart Clinton Missouri</u>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS:<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>47</u> , to <u>March</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 22</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE <u>James Smith</u>   |  | 23b. ADDRESS <u>Clinton, Missouri</u>   | 23c. DATE SIGNED <u>6-24-52</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>6 23 52</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>                  |
| DATE REC'D BY LOCAL REG <u>June-24-52</u>   | REGISTRAR'S SIGNATURE <u>Florence Cedar</u>  | 25. GENERAL DIRECTOR'S SIGNATURE <u>Frank W. Johnson</u>  | ADDRESS <u>Clinton</u>   |

0427

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Fred W. Peterson

Licensed Embalmer No. 2478

P. O. Address Centon, 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 this body is not embalmed, fact should be so stated above.