

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009976

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No.

164

Primary Registration District No.

5599

Registrar's No.

37

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hazel Hill Twp</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Warrensburg</b>	
c. FULL NAME OF DECEASED (If in hospital, give location) <b>RFD 4 Warrensburg</b>				Length of stay in lb <b>Life</b>		d. STREET ADDRESS (If outside, give location) <b>RFD 4</b>	
3. NAME OF DECEASED (Type or print) First <b>Alexander</b> Middle <b>Jerome</b> Last <b>Dyer</b>				4. DATE OF DEATH Month <b>March</b> Day <b>24</b> Year <b>1959</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 29, 1873</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Stock</b>		11. BIRTHPLACE (City and state or country) <b>Johnson County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James D. Dyer</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Greer</b>		14. NAME OF HUSBAND OR WIFE <b>Jimmie O. Dyer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>490-42-9216</b>		17. INFORMANT Address <b>Odell Dyer, RFD 4, Warrensburg, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>4322</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>	
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>May 17, 58</b> to <b>March 24, 59</b> and last saw him alive on <b>March 24, 59</b> Death occurred at <b>3:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>C. D. Dyer M.D.</b>				22b. ADDRESS <b>Warrensburg, Mo</b>		22c. DATE SIGNED <b>March 25, 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>26 Mar 59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Johnson County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Mar. 25, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Sweeney-Phillips</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be stated. All diseases in Part I must be causally related.

APR 8 1956

# 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 John P. Rodgers

Licensed Embalmer No. 4963.....

P. O. Address Warrensburg, Mis

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.