

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26426

State File No.

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 3012 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> c. LENGTH OF STAY (in this place) <u>27 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 North Main Street</u>		d. STREET ADDRESS (If rural, give location) <u>708 N. Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILSON</u> c. (Last) <u>DYE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1949</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>Sept. 28 1883</u>
9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Orderly Hospital</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>#####</u>	11. BIRTHPLACE (State or foreign country) <u>Ray Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Jackson Dye</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Owens</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca J. Dye</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>49I-01-9066</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rebecca J. Dye - Excelsior Spgs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/7 to 7/21</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>			
DUE TO (c) <u>Obesity</u>		<u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) m.	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>July 7, 1949</u> , to <u>July 18, 1949</u> , that I last saw the deceased alive on <u>July 18, 1949</u> , and that death occurred at <u>4 1/2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. L. Coburn M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>7/22/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/23/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>
DATE REC'D BY LOCAL REG. <u>7/21/49</u>	REGISTRAR'S SIGNATURE <u>Caroline Huestings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home Excelsior Springs</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 9

District Health Officer No. 8,

District File Number _____

Date Filed 8-18-49

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.

Signed _____
Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Exelsior Spgs

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.