

FILED FEB 28 1951

## STANDARD CERTIFICATE OF DEATH

7226  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6147</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Shelby</b>	
b. CITY: (If outside corporate limits, write RURAL and give OR TOWN <b>Shelbyville Rural</b> )		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbyville</b>		d. STREET ADDRESS (If rural, give location) <b>7 Miles East</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>X</b>					
3. NAME OF DECEASED (Type or Print) <b>William Edward Dye</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>2-18-1951</b>		(Month)		(Day)		(Year)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>5-8-1865</b>		9. AGE (In years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>F. Dye</b>			13b. MOTHER'S MAIDEN NAME <b>Sophia White</b>			14. NAME OF HUSBAND OR WIFE <b>Sarah Dye</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Omer Dye, Shelbyville, Mo.</b>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pericarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<b>442X</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis, degenerative myelopathy, @ Prostate neoplasm.</b>				<b>9</b>			
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 <b>Feb-16, 1951, to Feb 18, 1951</b> , that I last saw the deceased alive on <b>Feb-17, 1951</b> , and that death occurred at <b>8:30A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. G. Overholser M.D.</b>				(Degree or title)		23b. ADDRESS <b>Shelbyville Mo.</b>		23c. DATE SIGNED <b>2-20-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-20-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>2-22-51</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		419		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins, Shelbina, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: FEB 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-45#  
Date Filed: FEB 26 1951 45#

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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.....

Licensed Embalmer No. 3498

P. O. Address. Shelburne - Md

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.