

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 108

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5069 Registrar's No. 6

2061
3

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>---</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> <u>TOWN Rural, Lamar Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> <u>TOWN wichita</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>1929 1/2 woodland St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Lamar,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>M.</u> c. (Last) <u>Dye</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1952</u>
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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>Dec. 29, 1878</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman, Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Seed Store</u>	11. BIRTHPLACE (State or foreign country) <u>Towerhill, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle M. Dye</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Dye, wichita, Ks.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>LAMAR Barton Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from sudden death, 1952, that I last saw the deceased alive on 30, 1952, and that death occurred at 30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>DR. Guldner M.D.</u>	23b. ADDRESS <u>LAMAR Mo</u>	23c. DATE SIGNED <u>Jan 24 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Unknown</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>wichita, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>JAN 24 1952</u>	REGISTRAR'S SIGNATURE <u>Marie Kanarik</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamar, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Mr. Quinn

RECEIVED
NOV 10 1914

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 _____

working under my personal supervision.

Student-Embalmer No. _____

Student
Student Embalmer

Signed *[Signature]* _____

Licensed Embalmer No. *3472* _____

P. O. Address *[Signature]* _____

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.