

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31773**
4394

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OLATHE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS HOSPITAL | | d. STREET ADDRESS (If rural, give location) 507 SOUTH CHESNUT | |

| | | | |
|---|----------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) MARTIN | b. (Middle) T | c. (Last) DYER | 4. DATE OF DEATH (Month) (Day) (Year) SEPT 7 1953 |
|---|----------------------|-----------------------|---|

| | | | | | | | |
|--------------------|-------------------------------|--|--|---|------------------------|-----------------------|----------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH APR 15 1887 | 9. AGE (In years last birthday) 66 | 10 UNDER 1 YEAR Months | 10 UNDER 1 YRS. Hours | 10 UNDER 1 YRS. Min. |
|--------------------|-------------------------------|--|--|---|------------------------|-----------------------|----------------------|

| | | | |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN, MEAT PACKING CO. | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED | 11. BIRTHPLACE (State or foreign country) BALDWIN KANSAS | 12. CITIZEN OF WHAT COUNTRY? U S A |
|--|---|--|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME JAMES H DYER | 13b. MOTHER'S MAIDEN NAME MARY ELLEN DWYER | 14. NAME OF HUSBAND OR WIFE AGNES A DYER |
|---|--|--|

| | | | |
|---|---|--|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WORLD WAR I | 16. SOCIAL SECURITY NO. 505-09-6320 | 17. INFORMANT'S SIGNATURE OR NAME MRS D R HALE | ADDRESS OLATHE KANSAS |
|---|---|--|---------------------------------|

| | | | |
|---|---|--|---|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma | | INTERVAL BETWEEN ONSET AND DEATH 2 40 35 44 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 11. 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 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Street | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Clathra Johnson Co/Kans (STATE) Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-5-53 10:45 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? fell on wet sidewalk |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---|-----------------------------------|
| 23a. SIGNATURE Hugh H Owens (Degree or title) Hugh H Owens Coronar | 23b. ADDRESS 1034 Rialto Bldg | 23c. DATE SIGNED 9-8-53 |
|---|---|-----------------------------------|

| | | | |
|--|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE SEPT 9 1953 | 24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
|--|---------------------------------|---|--|

| | | | |
|---|---|---|---------------------------------|
| DATE REC'D BY LOCAL REG. 9-8-53 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE H E JULIEN | ADDRESS OLATHE KANSAS |
|---|---|---|---------------------------------|

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

Chester L. Fleming

Licensed Embalmer No. *4569*

P. O. Address

Blacksburg, Va.

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.