

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33136**  
Registrar's No. **8718**

**FILED** OCT 15 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton,</b>	
c. LENGTH OF STAY (in this place) <b>6 Days</b>		1090 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Dyer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 5, 1953.</b>
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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>Feb. 3, 1868.</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician (M.D.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Medicine General</b>	11. BIRTHPLACE (State or foreign country) <b>Warren County Missouri,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>James Coleman Dyer,</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Camp</b>	14. NAME OF HUSBAND OR WIFE <b>Inez T. Smith, Dyer.</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>Nil</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Inez T. Dyer.</b>	ADDRESS <b>Warrenton Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>		
	ANTECEDENT CAUSES <b>with Myocardial Decompensation</b>		
As for conditions, if any, giving rise to the above cause (a) starting the underlying cause last.		DUE TO (b) _____	
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	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) <b>420.0</b>
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-30**, 19**53**, to **9-5**, 19**53**, that I last saw the deceased alive on **9-5**, 19**53**, and that death occurred at **11:25 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl J. Kiers</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>18 S. Kingshighway</b>	23c. DATE SIGNED <b>9-5-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-8-53.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warrenton Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>SEP 8 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700, Washington, Blvd</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 16 1953

**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~~ me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W W Wilkinson

Licensed Embalmer No.

3575

P. O. Address

17 Louis MO

**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.