No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16922

FILED MAY 24 1954

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): On Hiway 66 enroute to Fort Leonard Wood
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~US Army Hospital~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland 0850
d. STREET ADDRESS (If rural, give location): Route 2, Box 312

3. NAME OF DECEASED (Type or Print)
a. (First): KEITH
b. (Middle): WILSON
c. (Last): DYE

4. DATE OF DEATH (Month) (Day) (Year): May 8 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 23 August 1931
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman
10b. KIND OF BUSINESS OR INDUSTRY: US Air Force
11. BIRTHPLACE (State or foreign country): Chicago Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John B. Dye
13b. MOTHER'S MAIDEN NAME: Josephine A. Joergns
14. NAME OF HUSBAND OR WIFE: Bonnie Ruth Dye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 344-24-8308
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: L.A. White, Capt, MSC — US Army Hospital, Fort Leonard Wood, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 25 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Internal hemorrhage
DUE TO (c): Lacerations of 3rd, 4th & 5th Intercostal arteries, left and iliac arteries bilateral.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Punctured left lung with pneumo-hemothorax from fractured 1st thru 8th ribs left. Bilateral sacro-iliac fractures. E8234 32

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Auto accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 053 (STATE): 6.3 miles East of Lebanon, Laclede Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 8 1954 2:15 Am.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Was driving and lost control of vehicle which ran off highway.

22. *I hereby certify that I* ~~attended~~ saw *the deceased* ~~from~~ on 8 May, 19 54, ~~[illegible]~~ *and that death occurred at* 4:40 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Capt, MC
23b. ADDRESS: US Army Hospital, Fort Leonard Wood, Missouri
23c. DATE SIGNED: 8 May 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 9 1954
24c. NAME OF CEMETERY OR CREMATORY: Lebanon City
24d. LOCATION (City, town, or county) (State): Lebanon Missouri

DATE REC'D BY LOCAL REG.: May 10, 1954
REGISTRAR'S SIGNATURE: Eula Mae Anderson 4587
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [signature] Crocker, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-10-64
Pulaski County Health Officer
File Number
Date Filed 6-16-64

MAY 24 19
MAY 25 1964

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. .....

Signed Clarence Throse

Signed .....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.