

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 115

BIRTH NO.		REG. DIST. NO. <u>267</u>	PRIMARY REG. DIST. NO. <u>3049</u>	Registrar's No. <u>115</u>
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braggadocio, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Braggadocio, Missouri</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Dye</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>11</u> (Year) <u>1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 9, 1889</u>	9. AGE (In years last birthday) <u>65</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Braggadocio, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Aze Dills</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Lee Dye</u>
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>497 18 7194</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Lee Dye, Braggadocio, Missouri</u>
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute left VENTRICULAR failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>  ANTECEDENT CAUSES DUE TO (b) <u>BRONCHIA PNEUMONIA</u> <u>2 days</u> DUE TO (c) <u>fracture of left Hip.</u>  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 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) <u>078</u> (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 <u>7/2</u> , 19 <u>54</u> , to <u>7/11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/11</u> , 19 <u>54</u> , and that death occurred at <u>11:55 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>William P. McCoy, MD</u>		23b. ADDRESS <u>Caruthersville, Mo</u>		23c. DATE SIGNED <u>7/12/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>7-16-54</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home, C'ville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0781  
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7-164-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAY 21 1954

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 W. Dewey Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.