

FILED JUL 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23205

0840

|  |  |  |   |   |  |  |  |
|--|--|--|---|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>282</u>  |   | PRIMARY REG. DIST. NO. <u>4424</u>  |  | Registrar's No. <u>86</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Humansville</u>   |  | c. LENGTH OF STAY (In this place)<br><u>22 yrs</u>   |   | c. CITY OR TOWN <u>Humansville</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Big Springs Rest Home</u>   |  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>0840</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Myrtie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Dyer</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>7-20-55</u>                             |   |  |  |  |
| 5. SEX <u>Fe</u>   | 6. COLOR OR RACE <u>W</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                  | 8. DATE OF BIRTH <u>5-10-70</u>   |   | 9. AGE (In years last birthday) <u>85</u>                                | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 1 HR.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>LaCygne Kansas</u>            |   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>William Irwin</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown Harris</u>                                     |   | 14. NAME OF HUSBAND OR WIFE <u>Walter C. Dyer</u>                        |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>-</u>   |  | 16. SOCIAL SECURITY NO.<br><u>-</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Walter C. Dyer Humansville, Mo.</u> |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>2 Congestive heart failure</u><br>DUE TO (c) <u>Advanced Scurvy</u><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u><br><u>4222</u> |  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH         |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) (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>May 10</u> , 19 <u>20</u> , to <u>July 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 20</u> , 19 <u>55</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above. |  |  |   |   |  |  |  |
| 23a. SIGNATURE (Name or title)<br><u>Walter C. Dyer</u>  |  |  |   | 23b. ADDRESS<br><u>Humansville, Mo.</u>   |  | 23c. DATE SIGNED<br><u>7-22-55</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>7-22-55</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Humansville Cemetery</u>                   |   | 24d. LOCATION (City, town, or county) (State)<br><u>Humansville, Mo.</u> |  |  |
| DATE REC'D BY LOCAL REG.<br><u>7-23-1955</u>   |  | REGISTRAR'S SIGNATURE<br><u>Robert Gordon</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Beckwith Funeral Home Humansville</u>  |  |  |  |

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

SEP 27 1955

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.....  
Signature of Student Embalmer

Signed *O. H. Beckwith*.....

Licensed Embalmer No. *3937*

P. O. Address *Humansville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.