

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12656

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 15

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Christian</b>                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Mo.</b><br>b. COUNTY<br><b>Christian</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Ozark</b> |  | c. LENGTH OF STAY (in this place)<br><b>3 Das.</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Haguewood Hos.</b>                 |  | e. STREET ADDRESS (If rural, give location)<br><b>Rural, South Galloway TWSP.</b>   |  |

|  |                            |                          |                         |   |
|--|----------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First)<br><b>James</b> | b. (Middle)<br><b>G.</b> | c. (Last)<br><b>Dye</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 13, 1956</b> |
|--|----------------------------|--------------------------|-------------------------|---|

|                       |                                  |  |   |  |                                |                                |
|-----------------------|----------------------------------|--|---|--|--------------------------------|--------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>May 26, 1880</b> | 9. AGE (In years last birthday)<br><b>75</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-----------------------|----------------------------------|--|---|--|--------------------------------|--------------------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b> |
|--|-----------------------------------|---|---|

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME<br><b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

|   |                         |   |                                     |
|---|-------------------------|---|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Oscar Winlow</b> | ADDRESS<br><b>Highlandville, Mo</b> |
|---|-------------------------|---|-------------------------------------|

|  |   |  |   |
|--|---|--|---|
| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mths</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia, monocytic acute</b>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |

|   |   |   |
|---|---|---|
| 19a. DATE OF OPERATION<br><b>Feb 15</b> | 19b. MAJOR FINDINGS OF OPERATION<br><b>Bone marrow revealed above -</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---|---|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE OR MURDER (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) (Min.) | 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 9 Dec, 1955, to 13 Apr, 1956, that I last saw the deceased alive on 13 Apr, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                               |                                  |  |
|--|-------------------------------|----------------------------------|--|
| 23a. SIGNATURE<br><b>J. D. [Signature]</b> | (Degree or title) <b>M.D.</b> | 23b. ADDRESS<br><b>Ozark, Mo</b> | 23c. DATE SIGNED<br><b>18 Apr 1956</b> |
|--|-------------------------------|----------------------------------|--|

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>April 15, 56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Highlandville Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Christian Co, Missouri</b> |
|--|----------------------------------|---|--|

|  |   |  |                             |
|--|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Apr 28-1956</b> | REGISTRAR'S SIGNATURE<br><b>Loretta Leonard</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>T. B. Chaffin</b> | ADDRESS<br><b>Ozark, Mo</b> |
|--|---|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1956

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... *T. B. Chaffin* .....

Licensed Embalmer No. *2180*

P. O. Address... *Ozark* .....

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.