

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19789**

FILED JUN 3 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **6114** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>BENTON</b>	c. LENGTH OF STAY (In this place) <b>30 days</b>	c. CITY OR TOWN <b>BENTON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>1000</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DALE</b>	b. (Middle) <b>ADAM</b>	c. (Last) <b>DYE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-11-1957</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1-11-1911</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 12 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>0</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>0</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>EFFINGHAM Co., Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>EVERETT DYE</b>	13b. MOTHER'S MAIDEN NAME <b>VADA WOODY</b>	14. NAME OF HUSBAND OR WIFE <b>DELLA</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>YES W.W.II</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Everett Dye, Benton Mo.</b>	ADDRESS
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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>0</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Self-inflicted wound in head with 16 gauge shot gun</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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 <b>976x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Benton Scott Mo</b>
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <b>May 11, 1957, 10:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **First call after death**, 19**57**, to **1957**, that I last saw the deceased alive on **1957**, and that death occurred **about 10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Melba C. Buckthorpe, M.D. Health Officer - Benton, Mo</b>	23b. ADDRESS <b>Benton, Mo</b>	23c. DATE SIGNED <b>5-14-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-14-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FORREST HILLS</b>	24d. LOCATION (City, town, or county) (State) <b>MORLEY Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-20-57</b>	REGISTRAR'S SIGNATURE <b>Mr. Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Welsh Funeral Home, Benton Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

427

DATE RECEIVED MAY 27 1957  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 557-107

JUN 4 1957

**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 Raymond Q. Crews

Licensed Embalmer No. 3487

P. O. Address Interton

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.