

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013674  
STATE FILE NUMBER

FILED MAY 15 1958

Registration District No. 83 Primary Registration District No. 5314 Registrar's No. 4

S. 300  
1-57

270

Diphtheria, scarlet fever, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u> c. CITY OR TOWN <u>NEAR PRAIRIE HOME</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. CITY OR TOWN <u>PRAIRIE HOME</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN <u>NEAR PRAIRIE HOME</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b <u>HOSPITAL NEAR PRAIRIE HOME MO. 394</u>			d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>NEAR PRAIRIE HOME MO.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>WATYEN SPEED DISHON</u>			4. DATE OF DEATH Month Day Year <u>MAY 10 - 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 22 - 1886</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. <u>3 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>FARM OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S</u>
13a. FATHER'S NAME <u>GAMES DISHON</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY ADAIR</u>		14. NAME OF HUSBAND OR WIFE <u>EUNICE DISHON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-42-6161</u>		17. INFORMANT Address <u>W. Lyats Dishon Booneville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>Arterio-sclerosis 4500</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid Arthritis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> <u>4 yrs.</u> <u>(?)</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1948</u> to <u>5/10/58</u> and last saw him alive on <u>5/7/58</u> Death occurred at <u>about 6:00 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. Lyats Dishon M.D.</u> (Degree or title)			22b. ADDRESS <u>Booneville Mo</u>		22c. DATE SIGNED <u>5/11/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>May 13-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>Booneville MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>CALBERT HOTNICK PRAIRIE HOME MO.</u>			25. DATE RECD. BY LOCAL REG. <u>5/12/58</u>	26. REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>	

JUN 27 1958

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 *G. Albert Hornbeck* .....

Licensed Embalmer No. *2714* .....

P. O. Address *Prairie Home* .....

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.