

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026460

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 330  
FILED AUG. 11 1958

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pilot Grove</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell</u>		Length of stay in lb <u>1 mo</u>	d. STREET ADDRESS (If outside, give location) <u>1/2 mile South</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>(none)</u> Last <u>Dwyer</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</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>May 9, 1878</u>	9. AGE (In years, MONTHS, DAYS, HOURS, MIN.) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Cooper, mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>Mike Dwyer</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Babbitt</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Dwyer</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>452-32-6826</u>	17. INFORMANT <u>Roberta Thompson, Houston, Texas</u> Address		

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>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerotic vascular disease + heart disease</u>	<u>years</u>
	DUE TO (c) <u>Pneumonia - left base</u>	<u>2 weeks</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Pneumonia - left lung

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 _____ Month _____ Day _____ Year _____ a.m. _____ 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
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21. I attended the deceased from 7-10-58 to 8-6-58 and last saw <sup>him</sup> alive on 8-6-58  
Death occurred at 10<sup>00</sup> P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>R W Lemie M.D.</u>	22b. ADDRESS <u>Sedalia Trust Bldg Rm 305</u>	22c. DATE SIGNED <u>8-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug. 8, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove mo</u>
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24. FUNERAL DIRECTOR <u>Hays - Painter</u>	ADDRESS <u>Pilot Grove</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 7-1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert L. Painter* .....

Licensed Embalmer No. *4069* .....  
P. O. Address *Pilot Grove* .....

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.