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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58–031676
STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 95

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**1. PLACE OF DEATH**
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lamar — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 704 Parry — Length of stay in 1b: 2½ wks.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Lamar 0060 0 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route #4 — Reside on Farm: Yes [X] No [ ]

**3. NAME OF DECEASED** (Type or print): First: FRONIA Middle: Last: DYE

**4. DATE OF DEATH**: Month Oct Day 4 Year 1958

**5. SEX**: F 1

**6. COLOR OR RACE**: W

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

**8. DATE OF BIRTH**: Jan 20 1874

**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: Own home

**11. BIRTHPLACE** (City and state or country): Adams, Nebraska 1

**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: George W. Zuver

**13b. MOTHER'S MAIDEN NAME**: Martha Jane Hilman

**14. NAME OF HUSBAND OR WIFE**: C. A. Dye

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT** Address: Mrs. Frank Howard, Lamar, Mo. 704 Parry.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c): 4200

INTERVAL BETWEEN ONSET AND DEATH: Years 10 yrs?

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

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [ ] 0

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**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. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**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 10-1-58, to 10-4-58 and last saw her/him alive on 10-2-58
Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Herbert M. Arnold M.D.

**22b. ADDRESS**: Lamar Missouri

**22c. DATE SIGNED**: 10-4-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**23b. DATE**: Oct 6 1958

**23c. NAME OF CEMETERY OR CREMATORY**: Moorehead Cemetery

**23d. LOCATION** (City, town, or county) (State): Barton County, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Konantz Funeral Home, Lamar, Missouri

**25. DATE RECD. BY LOCAL REG.**: Oct 4 1958

**26. REGISTRAR'S SIGNATURE**: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Use only standard nomenclature in Item 18. No symptoms will be listed.

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.