

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033302  
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE - (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joachim Rock</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Chicago Ill.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hy 6/67</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>29 W QUINCY</b>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>Dye</b> Last <b>Dye</b>			4. DATE OF DEATH Month <b>9</b> Day <b>6</b> Year <b>58</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6/16/34</b>
9. AGE (In years (age in high day)) <b>24</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (City and state or country) <b>Cedar Rapids Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>
14. NAME OF HUSBAND OR WIFE <b>Ruth Dye</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) <b>yes 7/18/52 - 1/14/55</b>	16. SOCIAL SECURITY NO. <b>480-34-0825</b>
17. INFORMANT <b>Ruth Dye Chicago Ill.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures</b> DUE TO (b) _____ DUE TO (c) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Auto - Truck collision.</b>		20c. TIME OF INJURY Hour <b>3:00</b> Month, Day, Year <b>9-6-58</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway.</b>	
20f. CITY, TOWN, OR LOCATION <b>Rock.</b>		COUNTY <b>JEFF</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>Inquest</b> to <b>3:00 P.</b> and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James C. Corcoran</b>		22b. ADDRESS <b>Feastus Mo.</b>	
22c. DATE SIGNED <b>9/6/58</b>		23. NAME OF CEMETERY OR CREMATORY <b>Cedar Rapids</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		25. DATE <b>9/11/58</b>	
26. LOCATION (City, town, or county) (State) <b>Cedar Rapids Iowa</b>		27. FUNERAL DIRECTOR <b>Polite Funeral Crystal City Mo.</b>	
28. ADDRESS <b>Crystal City Mo.</b>		29. DATE RECD. BY LOCAL REG. <b>9-6-58</b>	
30. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57  
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

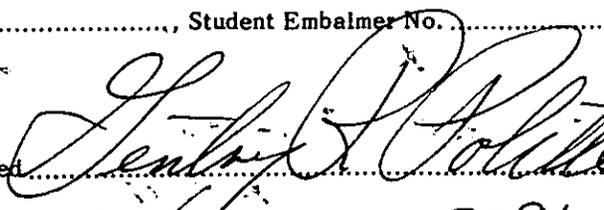
DATE RECEIVED

SEP 16 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  .....

Licensed Embalmer No. 3481  
P. O. Address Crystal City

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.