THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004369
STATE FILE NUMBER

MAR 11 1959 Registration District No. 4 Primary Registration District No. _____ Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Comm. Hosp. — Length of stay in 1b 48 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ATCHISON
c. CITY OR TOWN Fairfax 00 30 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Earl Middle John Last Dymond

4. DATE OF DEATH Month Mar. Day 6 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 10, 1893
9. AGE (In years last birthday) 65 — 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) City Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Binghamton, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jake Dymond
13b. MOTHER'S MAIDEN NAME Elizabeth Kerr
14. NAME OF HUSBAND OR WIFE Mrs. Jessie Dymond

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. 500-07-02.19
17. INFORMANT Mrs. Jessie Dymond Address Fairfax, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 February 15, 1959 to March 6, 1959 and last saw ~~her~~ him alive on March 5, 1959
Death occurred at 7:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward F. Bure MD
22b. ADDRESS Tarkio, Mo.
22c. DATE SIGNED 3/7/59

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
23b. DATE March 8, 1959
23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge
23d. LOCATION (City, town, or county) (State) Fairfax, Missouri

24. FUNERAL DIRECTOR Schaaler Funeral Home Mo ADDRESS Fairfax
25. DATE RECD. BY LOCAL REG. March 8, 1959
26. REGISTRAR'S SIGNATURE Marvin H. Schaaler

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms ... All diseases in Part I must be causally related.

APR 29 1959

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 Marvin H. Schoole

Licensed Embalmer No. 4162

P. O. Address Fairfax

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.