

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011692

FILED VS APR 11 1960

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 54

INDEXED

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford township		Length of stay in 1b 6 hours		c. CITY OR TOWN Warrenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 mi. west		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Kenneth Middle Eugene Last Dyer				4. DATE OF DEATH Month April Day 6 , Year 1960					
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-23-1960	9. AGE (last birthday) --	IF UNDER 1 YEAR Months -- Days 74 Hours -- Min. --	IF UNDER 24 HR. Hours -- Min. --		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Pedro Dyer			13b. MOTHER'S MAIDEN NAME Shirley Hyatt			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Pedro Dyer, R.R.#2, Warrenton, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxemia of Dehydration DUE TO (c) 3-9 days							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrush							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. -- p.m. --	Month, Day, Year								
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 4-4-60 to 4-6-60 and last saw her him alive on 4-6-60 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Alvin N. Maske D.O.			22b. ADDRESS Warrenton Mo.			22c. DATE SIGNED 4-6-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-7-60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Warrenton, Mo.		23e. REGISTRAR'S SIGNATURE Charlotte Leek			
24. FUNERAL DIRECTOR F.W.Nieburg & Co., Warrenton, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 4-7-1960		26. REGISTRAR'S SIGNATURE	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X
X

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Heising
Licensed Embalmer No. 3887
P. O. Address Warrington,

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.