URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038888

LED VS NOV 9 1960

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 99

NDED

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Length of stay in 1b Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 212 W. Water — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lawrence
c. CITY OR TOWN Mt. Vernon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 212 W. Water — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Dora Middle Ann Last Dyer

4. DATE OF DEATH Month October Day 31 Year 1960

5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-28-1893
9. AGE (last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office manager
10b. KIND OF BUSINESS OR INDUSTRY Carnation Milk Co.
11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Bolton Dyer
13b. MOTHER'S MAIDEN NAME Elizabeth Senn
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)
16. SOCIAL SECURITY NO.
17. INFORMANT Cora Dyer — Address Mt. Vernon, 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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary occlusion — Same
DUE TO (c) Coronary Sclerosis

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____, to 10/31/60 and last saw her/him alive on DOA
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) L J Grauer MD
22b. ADDRESS Mt Vernon
22c. DATE SIGNED 11/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-3-60
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) Mt. Vernon (State) Mo.

24. FUNERAL DIRECTOR Max L. Fossett — ADDRESS Mt. Vernon, Mo.
25. DATE RECD. BY LOCAL REG. 11-3-60
26. REGISTRAR'S SIGNATURE H. D. Fossett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS MAY 3 1961

**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_____ Signed Max L Fossett

Signature of Student Embalmer

Licensed Embalmer No. 4259

P. O. Address Mt Vernon, Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.