

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045399

Registration District No. 171 Primary Registration District No. 5635 Registrar's No. 42 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sniabar Twms</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Sniabar Twms.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 Mi. SW of Odessa</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 Mi. SW of Odessa</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Gertrude Elizabeth Dyer</u>			4. DATE OF DEATH Month Day Year <u>Dec. 19, 1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-12-95</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Near Odessa, Mo.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>William T. Crouch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Loretta McClure</u>		14. NAME OF HUSBAND OR WIFE <u>Charles C. Dyer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Chas. C. Dyer, Odessa, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Respiratory depression</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 3 hours</u>
DUE TO (b) <u>Metastatic Neoplasm to Rt. Lung</u>		<u>6 months</u>
DUE TO (c) <u>Primary Neoplasm of St. Breast</u>		<u>8 years</u>
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. <input type="checkbox"/> Yes <input checked="" 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 12-13-61 to 12-19-61 and last saw her alive on 12-19-61
Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wayne Boydston MD</u>		22b. ADDRESS <u>107 So 2nd Odessa, Mo.</u>		22c. DATE SIGNED <u>12-20-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 21, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Near Bates City, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Husman-Sparks, Odessa, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-1961</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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: William T. Spaul

Licensed Embalmer No. 4431

P. O. Address Odessa, A

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.