MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012167

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 24

FILED APR 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0500
2 0506
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4 0
5 1
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9 4201
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12 90-3
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Platin
Length of stay in 1b: 6 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RR#3 Festus, Mo
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jef.
c. CITY OR TOWN: RR#3
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Festus, Mo. RR#3
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Albert Middle: A. Last: Dyle

4. DATE OF DEATH: Month 4 Day 6 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/5/1915
9. AGE (last birthday): 47
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): Glass worker
10b. KIND OF BUSINESS OR INDUSTRY: P.P.G.
11. BIRTHPLACE (City and state or country): Blackwell, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Elex Dyle
13b. MOTHER'S MAIDEN NAME: Lucile Allen
14. NAME OF HUSBAND OR WIFE: Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of servi: 9/16/43 to 3/31/46
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Edna Dyle Address: RR#3 Festus Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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)

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 Coroner's View and last saw her/him alive on
Death occurred at 4:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Rehm M.C. Coroner
22b. ADDRESS: Festus, Mo
22c. DATE SIGNED: 4-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/9/63
23c. NAME OF CEMETERY OR CREMATORY: Rosehawn Memorial Park
23d. LOCATION (City, town, or county) (State): Crystal City, Mo.

24. FUNERAL DIRECTOR: Gentry R. Politte ADDRESS: Crystal City, Mo.
25. DATE RECD. BY LOCAL REG.: April 9-1963
26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1963

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

JUL 16 1963

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 Mo.

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.