

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33263**

BIRTH NO.		REG. DIST. NO. 59	PRIMARY REG. DIST. NO. 5220	Registrar's No. 168
1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Anderson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Drexel		c. LENGTH OF STAY (In this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greeley.
d. FULL NAME OF HOSPITAL OR INSTITUTION In Daughters Home.		d. STREET ADDRESS (If rural, give location) No Street Address. 2		
3. NAME OF DECEASED (Type or Print) a. (First) MARY ROSETTA DYKER. b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1949.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 2, 1878.	9. AGE (In years last birthday) 71 If UNDER 1 YEAR: Months 8 Days 2 If UNDER 24 HRS.: Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household Duties		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (State or foreign country) Greeley Kansas.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Geo. Pipkin		13b. MOTHER'S MAIDEN NAME Sarah Spencer.		14. NAME OF HUSBAND OR WIFE Charles Dyker.
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'S SIGNATURE OR NAME Mrs. Leona Hill. ADDRESS Drexel, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Perforated Arteries Sclerotic.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from Mar 19, 1949 , to Nov. 4, 1949 , that I last saw the deceased alive on Nov 4, 1949 , and that death occurred at 11:5 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Basil O. Hartwell (Degree or title) M.D.		23b. ADDRESS Drexel, Missouri		23c. DATE SIGNED 11, 5, 49.
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/6/1949.		24c. NAME OF CEMETERY OR CREMATORY Greeley Kansas
24d. LOCATION (City, town, or county) (State) Greeley Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Lama J. Jones ADDRESS Drexel, Mo.		
DATE REC'D BY LOCAL REG. 11/5/49		REGISTRAR'S SIGNATURE Lama J. Jones		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, personally

~~working under my personal supervision.~~

Signed.....
Student Embalmer

Signed.....

[Signature]
Licensed Embalmer No. 1950

P. O. Address Drexel 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 this body is not embalmed, fact should be so stated above.