

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26056

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 954

117-0

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Butte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>	
c. LENGTH OF STAY (in this place)		10380	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) <u>ESTELLA-ANN-DYKES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19, 1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 16, 1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Turney, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Albert S. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Trivett</u>		14. NAME OF HUSBAND OR WIFE <u>Sidney J. Dykes</u>			
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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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Sidney J. Dykes - King City, Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, gastro-intestinal</u>					4 days	
		ANTECEDENT CAUSES					?	
		DUE TO (b) <u>Varices, esophageal</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					578X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8/16/50, 1950, to 8/19/50, 1950, that I last saw the deceased alive on 8/19/50, 1950, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Ryan M.D.</u> (Degree or title)		23b. ADDRESS <u>301 N. 8th, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8/22/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R</u>		24b. DATE <u>8-19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 23, 1950</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Harney Funeral Home - St. Joseph, Mo.</u>			
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Dr. Rosen

APR 19 1954

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.

Signed *Arthur Roy Stoney*

Signed _____
Student Embalmer

Licensed Embalmer No. 2435

P. O. Address *St Joseph*

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.