

FILED SEP 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29455**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1056

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Weston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sister's Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margarine Karen</u>	b. (Middle)	c. (Last) <u>Dydell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-50</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7-12-49</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Days	IF UNDER 48 HRS. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Tafe Dydell</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>XX</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>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Betty Dydell</u>	ADDRESS <u>Weston, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>293X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suppurative Thrombophlebitis of the</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Sayihal sinus</u> DUE TO (c) <u>Anemia-Hypochronic Microcytic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 9-8-50, 19 , to 9-18-50, 19 , that I last saw the deceased alive on 9-18-50, 19 , and that death occurred at 9:20pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Scott E. Benson M.D.</u>	23b. ADDRESS <u>510 Corby Bldg</u>	23c. DATE SIGNED <u>9/18/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loyal Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 22, 1950</u>	REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>	ADDRESS <u>Weston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0110

0630
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OCT 2 1950

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
Student Embalmer

Signed W. R. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston, 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.