

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 999

FEB 1 1952

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 012

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENXON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TINDALL</u> 0400	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Wright Hosp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILLIE</u> b. (Middle) <u>GLASSCO</u> c. (Last) <u>DYKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 16 1952</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>MALE WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 31 1864</u>
9. AGE (In years) (last birthday) <u>87</u> Months <u>9</u> Days <u>16</u>		IF UNDER 18 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Mercer County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JAMES CANADA DYKES</u>		13b. MOTHER'S MAIDEN NAME <u>ORLEAN BROGAN</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE BEHE HEILMAN DYKES</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Meredith M. Gannier</u> ADDRESS <u>Jefferson City Mo.</u>	

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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
	ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>		

19a. DATE OF OPERATION <u>Dec 22 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>		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) (Minute)		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 Dec 19 51 to Jan 16, 1952 that I last saw the deceased alive on Jan 16, 1952 and that death occurred at 11:01 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffey M.D.</u> (Degree or title)		23b. ADDRESS <u>Princeton Mo.</u>		23c. DATE SIGNED <u>Jan 19 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton County</u>	
24d. LOCATION (City, town, or county) (State) <u>Princeton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Blackmore</u> ADDRESS <u>Princeton Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-19-52</u>	
REGISTRAR'S SIGNATURE <u>Irene Jai</u>		115		0	

E. A. Duffey.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....

James A. Davis

Student Embalmer

Licensed Embalmer No. *3427*

P. O. Address *Denton, 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.