

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7691

State File No.

DECEASED **MAR 18 1952** REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **57**

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MO b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville	c. LENGTH OF STAY (If applicable) 80 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Harrisonville 0191	
d. FULL NAME OF HOSPITAL OR INSTITUTION 603 No. Lexington		d. STREET ADDRESS (If rural, give location) 603 No. Lexington	

3. NAME OF DECEASED (Type or Print) a. (First) Ida Florence b. (Middle) Dykes c. (Last) Dykes			4. DATE OF DEATH (Month) (Day) (Year) Mar 10 1952		
---	--	--	---	--	--

5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 7 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 6	IF UNDER 2 HRS. Hours 0 Min. 0
------------------	----------------------------	--	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Little Rock Ark.	12. CITIZEN OF WHAT COUNTRY USA
---	---	--	---

13a. FATHER'S NAME Allen Atkinson	13b. MOTHER'S MAIDEN NAME Lucy Kivett	14. NAME OF HUSBAND OR WIFE George Dykes
---	---	--

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 Olle Burger	ADDRESS Harrisonville
---	--	---	---------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
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 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)
--	--	---

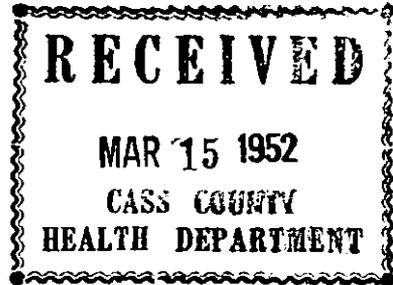
21d. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	21e. HOW DID INJURY OCCUR?
---	----------------------------

22. I hereby certify that I attended the deceased from **Aug**, 19 **50**, to **March 10**, 19 **52**, that I last saw the deceased alive on **Mar 10**, 19 **52**, and that death occurred at **9:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry B. Newton	23b. ADDRESS Harrisonville, Mo.	23c. DATE SIGNED 3-12-52
--	---	------------------------------------

24a. BURIAL (City, town, or county) (State) Burial	24b. DATE Mar 13 1952	24c. NAME OF CEMETERY OR CREMATORY Orient Center	24d. LOCATION (City, town, or county) (State) Harrisonville, Mo.
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. Mar 12 1952	REGISTRAR'S SIGNATURE Nora Bernard	457-0	25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Bros	ADDRESS Harrisonville Mo.
--	--	-------	--	-------------------------------------



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Floyd W. Adams

Signed.....
Student Embalmer

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

No.