No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41981

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fay's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany 0380
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Belle.
c. (Last): Lykins.

4. DATE OF DEATH (Month) (Day) (Year): Dec.. 13, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 6 1871
9. AGE (In years last birthday): 81. IF UNDER 1 YEAR: Months 3 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gentry County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S..

13a. FATHER'S NAME: Andrew J. Dix
13b. MOTHER'S MAIDEN NAME: Mary J. Wilson
14. NAME OF HUSBAND OR WIFE: Burdette Lykins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Emery Lykins **ADDRESS**: Albany, Mo.

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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-9 *, 19*52*, to* 12-13 *, 19*52*, that I last saw the deceased alive on* 12-13 *, 19*52*, and that death occurred at* 4 P m *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Williamson M.D. **(Degree or title)**: DO
23b. ADDRESS: Gentry Mo
23c. DATE SIGNED: 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/16/52
24c. NAME OF CEMETERY OR CREMATORY: Hall
24d. LOCATION (City, town, or county) (State): West of Albany, Mo.

DATE REC'D BY LOCAL REG.: Dec 28-52
REGISTRAR'S SIGNATURE: Maude Williams 462
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford Brown **ADDRESS**: Albany

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.