

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43728**

FILED JAN 11 1954

BIRTH NO.		REG. DIST. NO. <u>245</u>	PRIMARY REG. DIST. NO. <u>3047</u>	Registrar's No. <u>123</u>
1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>ALL LIFE</u>	c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 402 SHERMAN</u>		e. STREET ADDRESS (If rural, give location) <u>402 Sherman Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>M.</u> c. (Last) <u>DYCKMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>July 16, 1890</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>32</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>William L. Bentfro</u>		
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Queener</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Dyckman</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Dyckman</u> ADDRESS <u>Neosho</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> ANTECEDENT CAUSES <u>Acute Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</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)		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 <u>Oct 14, 1953</u> to <u>Dec 18, 1953</u> that I last saw the deceased alive on <u>Dec 18, 1953</u> and that death occurred at <u>7:35 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. P. C. Davis, M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>12/19/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Newton County - Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul L. Clark</u> ADDRESS <u>Neosho</u>		
DATE REC'D BY LOCAL REG. <u>12-31-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul L. Clark</u> ADDRESS <u>Neosho</u>

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

13 1

RECEIVED

District Health Officer No. _____
District File Number 154-9
Date Filed 1/8/54

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

FEB 3 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..

Student.....
Signature of Student Embalmer

Signed Jesse L. Sullivan, Jr.
Licensed Embalmer No. 4696

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.