

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1354

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph	c. LENGTH OF STAY (in this place) Syrslomo 19 days	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2		e. STREET ADDRESS (If rural, give location) Rural Route #2	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) F.	c. (Last) DYCUS	4. DATE OF DEATH (Month) (Day) (Year) DEC 15, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married	8. DATE OF BIRTH Feb 17, 1913	9. AGE (in years last birthday) 41	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oscar Dycus	13b. MOTHER'S MAIDEN NAME Ollie Roe	14. NAME OF HUSBAND/DR WIFE ;none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Ollie Dycus, RR #2, St. Joseph, Mo.	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status epilepticus	DUPLICATE		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUPLICATE	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Malnutrition	a	a few weeks
	DUE TO (c) Mental deficient		41 yrs +
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.	Psychotic		8 yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3255	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Dec 15 ¹⁹54, to Dec 15, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at 5:05P m., from the causes and on the date stated above.

23a. SIGNATURE O.E. Cozzines (Degree or title) M.D.	23b. ADDRESS State Hospital #2, City	23c. DATE SIGNED Dec 15, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Jan 3, 1955	REGISTRAR'S SIGNATURE Bethen M. Allison ^{485-P}	25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home	ADDRESS St. Joseph, Mo.
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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 *Charles E. Bennett*.....

Licensed Embalmer No. *2167*

P. O. Address *St. Joseph*.....

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.