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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7911

State File No.

FILED MAR 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>22 mths</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>		0410 A	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neals Hosp Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>NMI</u> c. (Last) <u>OPDYKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-53</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 26, 1872</u>		9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 24 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 <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Haycus</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fuller</u>		14. NAME OF HUSBAND OR WIFE <u>L.E. OPDYKE, Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Neals Nursing Home - Trenton, Mo</u> ADDRESS <u></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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Viral Infection (Influenza)</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 days</u> <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>480 X</u>	
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) (Min.)		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>Mar 11, 1953</u> to <u>Mar 16, 1953</u> , that I last saw the deceased alive on <u>Mar 16, 1953</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. A. Wujcik M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Mar 18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1 m. W. Ridgeway Mo</u>		
DATE REC'D BY LOCAL BEG. <u>3-20-55</u>		REGISTRAR'S SIGNATURE <u>Gene Jan 115</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RR Barnes</u> ADDRESS <u>Ridgeway Mo</u>			

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

EA *[Handwritten]*

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 *[Handwritten]*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *35-76*

P. O. Address *[Handwritten Address]*

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.