

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26136

3540

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3540			
1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 7 wk. d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mery Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay c. CITY OR TOWN Holt d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS R.R. I 6004					
3. NAME OF DECEASED (Type or Print) Jesse Myrel Dykes a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH 8-12-55 (Month) (Day) (Year)		5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child			8. DATE OF BIRTH April 19-1949 9. AGE (In years last birthday) 6 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Holt, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Clarence Dykes			13b. MOTHER'S MAIDEN NAME Essie Mae Smith		14. NAME OF HUSBAND OR WIFE none			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 Clarence Dykes father			ADDRESS Holt, Mo. R.R. I			
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* Extensive third degree burns of trunk, neck, thighs, & arms with pulmonary congestion and secondary infection of burned areas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of burned areas DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 wks. E9190 16		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holt, Clay, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4, 1955 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? fire cracker burns.		22. I hereby certify that I attended the deceased from 6-29, 1955, to 8-12, 1955, that I last saw the deceased alive on 8-11, 1955, and that death occurred at 3:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Wayne Hart (Degree or title) M.D.			23b. ADDRESS 1710 Indep. Ave. Mo.			23c. DATE SIGNED 8-12-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-12-55		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Kearney, Mo.			
DATE REC'D BY LOCAL REG. 8-12-55		REGISTRAR'S SIGNATURE Vera Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Wise Funeral Home		ADDRESS Smithville, Mo.			

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

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.....
E. H. Price

Licensed Embalmer No. *28*

P. O. Address *Sandwich*

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.