

FILED SEP 26 1956

STANDARD CERTIFICATE OF DEATH

31418

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Mo		c. CITY OR TOWN Princeton, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Bessie Dykes		4. DATE OF DEATH 9-15-56	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-9-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Mercer Co., Mo	
13. FATHER'S NAME Stanley D. Arnold		14. MOTHER'S MAIDEN NAME Nina Pickett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT James W. Dykes Princeton, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) Exhaustion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) This is plenty			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Natural cause s	
20c. TIME OF INJURY. Hour a. m. p. m. 2:40 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) No	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Princeton, Mo	
21. I attended the deceased from Jan 1 1930 to present and last saw her/him alive on Sept 15 . Death occurred at 2:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Princeton, Mo	
22c. DATE SIGNED 9-17-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-17-56	
23c. NAME OF CEMETERY OR CREMATORY Princeton		23d. LOCATION (City, town, or county) (State). Princeton, Mo	
24. FUNERAL DIRECTOR Noel Moss Princeton, Mo		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. DATE RECD. BY LOCAL REG. 9-17-56			

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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 *Paul Smith*.....

Licensed Embalmer No. *26*

P. O. Address *Princeton*

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.