

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

State File No. **2041**
Registrar's No. **7**

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5773		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton-Rural		c. LENGTH OF STAY (in this place) Two, 10 Days		c. CITY OR TOWN Princeton		d. Is Residence within limits of a city or incorporated town? No	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercer-Co. Rest Home				STREET ADDRESS (If rural, give location) Princeton- Rural			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Dykes			4. DATE OF DEATH (Month) (Day) (Year) I - 25 - 57				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 5-15-1879		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 25	IF UNDER 24 HRS. Hours 2 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) section hand		10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and State or Foreign Country) Mercer - Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Riley Dykes		13b. MOTHER'S MAIDEN NAME Alta Smith		14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernie Dykes-Princeton-Mo.			
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial degeneration 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 2 days 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)		21f. HOW DID INJURY OCCUR? 4201	
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"/>					
22. I hereby certify that I attended the deceased from 1-23-57 , 19____, to 1-24-57 , 19____, that I last saw the deceased alive on 1-25-57 , 19____, and that death occurred at 4:30 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Byron S. Astell (Degree or title) D.O.				23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 1-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE I-26-57	24c. NAME OF CEMETERY OR CREMATORY Princeton-Cemetery		24d. LOCATION (City, town, or county) (State) Princeton- Mo.		
DATE REC'D BY LOCAL OFFICE 1-28-57		REGISTRAR'S SIGNATURE Hall		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton-Mo. by Grace M. Martin			

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 *Amos L. Goodlee*

Licensed Embalmer No. *396*

P. O. Address *Linville*

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.