

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28891**

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>199</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodiway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>40 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>King City</u>		d. STREET ADDRESS (If rural, give location) <u>2380</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sidney Johnston Dykes</u>		b. (Middle) <u>Dykes</u>		c. (Last) <u>Dykes</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>8.9.1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>1.30.1862</u>		9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>		IF UNDER 18 HRS. Hours <u>9</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Kearney Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Sidney Dykes</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Potter</u>		14. NAME OF HUSBAND OR WIFE <u>Estella Ann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie M. Dykes, Maryville Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>40 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>6-25</u> , 1957, to <u>8-9</u> , 1957, that I last saw the deceased alive on <u>8-9</u> , 1957, and that death occurred at <u>11:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert C. Duncker M.D.</u>				23b. ADDRESS <u>Maryville Mo.</u>		23c. DATE SIGNED <u>Aug 10 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8.11.1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-24-57</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.G. Taggart, King City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 28 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. G. Taggart

Signed

Student Embalmer

Licensed Embalmer No. *2563*

P. O. Address *King City Mo.*

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.