

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032419

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 151

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Princeton</b> <u>66570</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wrights Memorial Hosp.</b>			Length of stay in lb <b>7 hrs.</b>		d. STREET ADDRESS <b>Hickland</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Vernie</b> Middle <b>V.</b> Last <b>Dykes</b>				4. DATE OF DEATH Month <b>9</b> Day <b>25</b> Year <b>1958</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11-7-1905</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <b>Blacksmith</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Shop</b>		11. BIRTHPLACE (City and state or country) <b>Mercer Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Billie Dykes</b>			13b. MOTHER'S MAIDEN NAME <b>Alta Bagwell</b>			14. NAME OF HUSBAND OR WIFE <b>Florence O Dykes</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if so, unknown) (If yes, give war or dates of service) <b>Yes</b>			16. SOCIAL SECURITY NO. <b>184-16-4970</b>		17. INFORMANT Address <b>Florence Ormsby Dykes, Princeton, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Suicide - shooting self thru head with a 22 rifle. His finger prints the only ones on the rifle</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<b>976X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Entrance right temple. Died massive edema lungs</b>						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <b>4:30 p.m.</b>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, in factory, etc.) <b>His home, Princeton, Mo.</b>		20f. CITY, TOWN, OR LOCATION <b>Princeton</b>		COUNTY <b>Mercer</b>		STATE <b>Mo.</b>	
21. I attended the deceased from _____ on _____ and last saw him alive on _____ Death occurred at <b>7:40 p.m.</b> on <b>9/25-58</b> at <b>4:30 P.m. to 7:40 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>W. Bristow, M.D.</b>			22b. ADDRESS <b>Princeton, Mo.</b>			22c. DATE SIGNED <b>9/25/58</b>			
23a. BURIAL, CREMATION, REPOSING (Specify) <b>Burial</b>		23b. DATE <b>Sept. 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Princeton Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Princeton Mo.</b>			
24. FUNERAL HOME ADDRESS <b>Princeton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9/27/58</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *LE Agui* .....

Licensed Embalmer No. *3020* .....  
P. O. Address *Thurston, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.