

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1959

59-025785

Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 36 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Napoleon, Mo.		c. CITY OR TOWN Celt	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

GLADYS MARIE LYCKE			
3. NAME OF DECEASED (Type or print) <i>Gladys Marie Lycke</i>		4. DATE OF DEATH <i>July 28 1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 16, 1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	10c. AGE (last birthday) <i>61</i>
11. BIRTHPLACE (City and state or country) <i>Boone, Iowa</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Albert Wallace Deal</i>		13b. MOTHER'S MAIDEN NAME <i>Mable Weston</i>	14. NAME OF HUSBAND OR WIFE <i>Lloyd Albert Lycke</i>

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. NO	17. INFORMANT <i>Mrs. Donna Flockhart Napoleon, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Natural Cause probably Coronary Occlusion. This woman was found dead in a yard swing</i>		
DUE TO (b) <i>Coronary Occlusion</i>		
DUE TO (c) <i>found dead in a yard swing</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *after death* to _____ and last saw her *never* alive on _____
Death occurred at *7 P* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. M. Martin, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Odessa, Mo.</i>	22c. DATE SIGNED <i>7-28-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>7/29/1959</i>	23c. NAME OF CEMETERY OR CREMATORY Licking, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR J. C. Sheppard Wellington, Missouri Smith & Ferguson Licking, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>7/30/59</i>	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clair Huggard

Licensed Embalmer No. 4179

P. O. Address Wellington, N.C.

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.