

FILED VS. OCT 13 1959

Registration District No. 27 Primary Registration District No. 5085 Registrar's No. 125

STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Bates</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>West Point Twp.</b>                            |  | c. CITY OR TOWN<br><b>Amoret</b>   |  |
| Length of stay in 1b<br><b>2 weeks</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>2 mi. S. E. Amsterdam</b> |  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Bertha Johanna Dykman</b>                                 |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>9-29-59</b>                  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIAGE STATUS<br>Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-6-1876</b>                                   | 9. AGE (last birthday)<br><b>83</b>                              | IF UNDER 1 YEAR<br>Months Days<br><b>9 29</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Homemaker</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Golden, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                        |   |
| 13a. FATHER'S NAME<br><b>Reike Bohlken</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Wilhiminna Cahman</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>John Dykman, (dec.)</b>        |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |   | 17. INFORMANT<br>Address<br><b>Mrs. Geo. Meints, Amoret, Mo.</b> |   |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br><b>Hypostatic Lobar Pneumonia</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>18 hours</b>   |
| DUE TO (b)<br><b>Chronic Glomerular Nephritis</b>  |  |   |
| DUE TO (c)   |  | <b>15 years</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                    |  | PART III. If deceased was female was there a pregnancy in last 90 days?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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 15.) |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |   | 20d. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 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, farm, factory, street, office bldg., etc.)     |   |
| 21. I attended the deceased from <b>July 1941</b> to <b>Sept 29, 1959</b> and last saw her <b>Sept 29, 1959</b> alive on <b>Sept 29, 1959</b><br>Death occurred at <b>8:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE<br><b>W. J. Schubert</b> (degree or title)<br><b>D. O.</b>  |   | 22b. ADDRESS<br><b>Amoret, Mo.</b>   | 22c. DATE SIGNED<br><b>10-2-59</b>                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>10-3-59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mulberry Cemetery</b>                               | 23d. LOCATION (City, town, or county) (State)<br><b>Amoret, Mo.</b> |

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| 24. FUNERAL DIRECTOR<br><b>Archer &amp; Langold, Amsterdam, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>Oct. 3 - 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Randall Krasny</b> |
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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 Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.