

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-036100

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 355

FILED OCT 24 1961

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **Butler**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in lb **18 Yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Poplar Bluff Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Butler**
 c. CITY OR TOWN **Poplar Bluff** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Rural Route # 1** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Dorothy** Middle **Jane** Last **Wykoff** 4. DATE OF DEATH Month **September** Day **12** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1/7/1895** 9. AGE (last birthday) **66** IF UNDER 1 YEAR Months **8** Days **9** IF UNDER 24 HR Hours **9** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Cherokee, Iowa** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **George Johnson** 13b. MOTHER'S MAIDEN NAME **Elizabeth Kitchen** 14. NAME OF HUSBAND OR WIFE **M. H. Wykoff**

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. 17. INFORMANT Address **M. H. Wykoff. Poplar Bluff, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Adenocarcinomatous changes in the ovary representing component of malignant teratoma**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **None listed**
 DUE TO (c) **7 mos.**
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **1:55** a.m. **p.m.** Month, Day, Year **Feb 10 1961**
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION **Poplar Bluff Mo.** COUNTY **Butler** STATE **Missouri**

21. I attended the deceased from **Feb 10 1961** to **Sept 12 1961** and last saw her ^{him} alive on **Sept 22, 1961**
 Death occurred at **1:55 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) **Harold O. Durickson MD** 22b. ADDRESS **2150ak Poplar Bluff Mo.** 22c. DATE SIGNED **10-13-61**

23a. BURIAL, CREMATION, or other disposal (Specify) **Cremation** 23b. DATE **9/14/1961** 23c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

24. FUNERAL DIRECTOR ADDRESS **Frank-Cotrell Chapel, Poplar Bluff, Mo.** 25. DATE RECD. BY LOCAL REG. **10-16-1961** 26. REGISTRAR'S SIGNATURE **Thelma Graham**

MS OCT 24 1961 SA

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

Edgar W. Tappan

Licensed Embalmer No. *3394*

P. O. Address *Poplar Bluff*

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.