

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1956

State File No. 4477

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>R.F.D. Trenton Twp</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Trenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plain View Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Dykes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1956</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 17, 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Heilman</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Watson</u>	14. NAME OF HUSBAND OR WIFE <u>Glassco Dykes Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. James Overton</u>	ADDRESS <u>Route 2 Trenton Mo</u>
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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>arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4500</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Dr 2-57</u>
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22. I hereby certify that I attended the deceased from Nov 12, 1955 to Jan 25, 1956 that I last saw the deceased alive on Jan 28, 1956 and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffey M.D.</u>	(Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Feb 4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 5 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-5-56</u>	REGISTRAR'S SIGNATURE <u>Drena Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Blackmon</u>	ADDRESS <u>Trenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr-5A Duffey

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 *Harold I. Roberts*

Licensed Embalmer No. *492*

P. O. Address *Keaton, 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.