

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033765

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 276

Primary Registration District No. 5945

Registrar's No. 52

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Kent		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dillon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Grand Rapids		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR U.S. Highway 66 INSTITUTION 4.5 Miles East Rolla Trans		Length of stay in 1b	d. STREET ADDRESS 1512 Margaret		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) DINAH First .. Middle SIKKENGA Last			4. DATE OF DEATH Month Sept. Day 6 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 27 Nov. 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 9 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (City and state or country) Netherlands	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Leonard Hordyk		13b. MOTHER'S MAIDEN NAME Lena Noterboom		14. NAME OF HUSBAND OR WIFE Charles Sikkenga	
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. None	17. INFORMANT Address Grand Rapids Mich Miss Mrs. Leonard Van Heulen		
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive Charotic hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Severe facial & chest injuries DUE TO (c) Possible fracture of neck.					INTERVAL BETWEEN ONSET AND DEATH minutes
20a. ACCIDENT <input checked="" 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.) Automobile accident		
20c. TIME OF INJURY Hour 7:55 a.m. Month, Day, Year 9-7-58			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, city street, office bldg., etc.) U.S. Highway 66		20f. CITY, TOWN, OR LOCATION A 1/2 M. E. Rolla		COUNTY Phelps STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. E. Null, Foreman			22b. ADDRESS Rolla, Mo.		22c. DATE SIGNED 9-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7 Sept. 58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Grand Rapids, Michigan.
24. FUNERAL DIRECTOR Null & Sons Funeral Home..Rolla		25. DATE RECD. BY LOCAL REG. Sept 7, 1958		26. REGISTRAR'S SIGNATURE Ruth B. Powell	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.