

No. 2
5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28638
Registrar's No. 95

FILED - AUG 16 1947

Registration District No.

Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community unknown
years, months or days

3. (a) PRINT FULL NAME Maude Estella Derrickson

3. (b) If veteran: name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Elmer Derrickson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 18, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>16</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Nodaway county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Gilbert Cambell

13. Birthplace Rising Sun, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Amy Ditmars

15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Baxter

(b) Address Bedford, Iowa

17. (a) removal (Burial, cremation, or removal)

(b) Date thereof Aug. 3, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Grove, Mo.

18. (a) Signature of funeral director Barber Funeral Home
(b) Address Mt. Grove, Mo.

19. (a) Aug 15 1947 (Date received local registrar)

(b) Helma C. Buckthorpe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Licking
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1947 hour 5 minute 40 p. M.

21. I hereby certify that I attended the deceased from 7-23-47, 19 , to 8-3-47, 19 ;
that I last saw her alive on 8-3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm R. Little (M. D. or other)

Address Waynesville, Mo. Date signed 8/3/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Paul B. Hooper*

Licensed Embalmer No. *3261*

P. O. Address *Waynesville, 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 this body is not embalmed, fact should be so stated above.