

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21153

State File No.

No. 300
10-48

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1610
1

FILED JUN 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Macon</u>			
b. CITY OR TOWN <u>Rural-Hudson</u>			c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY OR TOWN <u>Rural-Hudson 1610</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #3</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u>			
3. NAME OF DECEASED (Type or Print) <u>Tressa</u>			b. (Middle) <u>Dickerhoof</u>		c. (Last) <u>Dickerhoof</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1952</u>
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>Oct. 12, 1864</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City, and State or Foreign Country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		6
13a. FATHER'S NAME <u>Papik</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James Dickerhoof</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Hartung</u>		ADDRESS <u>Macon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis Atherosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>					?	
	DUE TO (c) <u>Diabetes Mellitus</u>					?	
	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"/>	
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)		260X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb. 1952</u> , to <u>May 21, 1952</u> , that I last saw the deceased alive on <u>May 21, 1952</u> , and that death occurred at <u>2:55 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) <u>Paul D. Mason, M.D.</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>5/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/22/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/6/52</u>	REGISTRAR'S SIGNATURE <u>Cuth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon, Mo.</u>		

3307 P.C. 101

RECEIVED 6.20.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-02-106
Date Filed 6.25.52

JUN 30 1952

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
Student Embalmer

Signed Thos. L. Both

Licensed Embalmer No. 4552

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