

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

21252

State File No.

FILED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Monroe</u>	
b. CITY OR TOWN <u>MONROE CITY</u>		c. CITY OR TOWN <u>MONROE CITY</u> <u>0393</u>	
c. LENGTH OF STAY (in this place) <u>15 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>501 WINTER.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 WINTER.</u>			

3. NAME OF DECEASED (Type or Print) <u>EMMA.</u>	a. (First)	b. (Middle)	c. (Last) <u>DICKERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 25, 1952</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>MARRIED</u>	8. DATE OF BIRTH <u>1879 SEPTEMBER 26</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>30</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>HUNNIBELL SHELBY COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>HARRISON WASHINGTON</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Jacobs.</u>	14. NAME OF HUSBAND OR WIFE <u>James Dickerson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Dickerson</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC VALVULAR HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u>
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*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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. <u>ARTERIO-SCLEROSIS - HYPERTENSION</u>		<u>5 YRS</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Nov 1, 1951, to JUNE 25, 1952, that I last saw the deceased alive on JUNE 24, 1952, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theresa M. ...</u>	(Degree or title) _____	23b. ADDRESS <u>Monroe City Mo.</u>	23c. DATE SIGNED <u>6/28/52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>X</u>	REGISTRAR'S SIGNATURE <u>471-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON'S</u>	ADDRESS <u>Monroe City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3699
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wiley

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.