

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26274

FILED JUL 31 1953

318

1003

State File No. 6853  
Registrar's No. 6853

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6853			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>16 3922 MIAMI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3922 MIAMI</u>				d. STREET ADDRESS (If rural, give location) <u>16 3922 MIAMI</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>C.</u> c. (Last) <u>WORTMAN DICKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 10 53</u>						
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 17 1888</u>			
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>23</u>		11. UNDER 1 HR. Hours <u>1</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>NEWTON ILL</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>JOHN WORTMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA CHANDLER</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM DECO</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA WORTMAN</u>		ADDRESS <u>3922 MIAMI</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>  ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Peptic ulcer, postoperative adhesions</u>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>  <u>2 months</u>  <u>3 months</u>	
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) _____					
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? <u>5400</u>					
22. I hereby certify that I attended the deceased from <u>July 8</u> , 19 <u>53</u> , to <u>July 10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>53</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Date or time) _____				23b. ADDRESS <u>3739 Gravois</u>		23c. DATE SIGNED <u>7-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NOBLE ILL. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NOBLE ILLINOIS.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 13 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.M. SCHUMACHER</u>		ADDRESS <u>3013 MERAMEE ST. LOUIS. 18 MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Jack Haeppel*

Licensed Embalmer No. *4746*

P. O. Address *St. Paul*

**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.