No. 300
10-48

570
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 - 1953

State File No. 39643

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: Lincoln Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0920
d. STREET ADDRESS (If rural, give location): RFD 2 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Ann
c. (Last): Dickherber

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21 1953

5. SEX: F 1

6. COLOR OR RACE: W

7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: Single 0

8. DATE OF BIRTH: July 29 1932

9. AGE (In years last birthday): 21 | 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): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: Wagoner Electric

11. BIRTHPLACE (State or foreign country): St. Charles Mo. R 2 C

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alfred Dickherber

13b. MOTHER'S MAIDEN NAME: Freiser

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 496-34-7966

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alfred Dickherber St. Charles R2

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull Ethmoid Region, Chrushed Chest Internal Hemorraghe — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Collision of Two Automobiles
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E81604
26

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Intersection Hy. 61 (COUNTY) Lincoln 057 (STATE) Missouri.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 21, 1953 Approx 3:15PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Two Cars collided at Intersection of Lin.Co"E" & US#61

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph J. Marsh
Coroner (Degree or title) 2
Lincoln Co, Missouri
23b. ADDRESS: Troy, Missouri
23c. DATE SIGNED: 11/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 24 '53
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph
24d. LOCATION (City, town, or county) (State): Cottleville Mo.

DATE REC'D BY LOCAL REG.: 11-28-53
REGISTRAR'S SIGNATURE: Emma B. Ridder 162
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ed Keithly O'Fallon Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed E A Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.