

STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1954

REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	
c. LENGTH OF STAY (in this place) <u>41 years</u>		d. STREET ADDRESS (If rural, give location) <u>901 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>901 Jefferson</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SCHRILDA</u>		b. (Middle) <u>ELTIE</u>		c. (Last) <u>DICKEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1954</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 19, 1870</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Stewartsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>William Keefer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Simmons</u>		14. NAME OF HUSBAND OR WIFE <u>Ellis E. Dickey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. E. E. Dickey, Lamar, Mo.</u>	
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>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>31 days</u>	
ANTECEDENT CAUSES		10/29/53	
Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cerebral Hemorrhage</u>	
DUE TO (c) <u>arterial Hypertension + Ar. Sclerosis</u>		yes.	
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 <u>331 X</u>		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)		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 January 1953 to Feb. 1954, that I last saw the deceased alive on Feb. 2, 1954, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Biehl M.D.</u>		23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>2/4/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oakton, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>FEB 6 - 1954</u>		REGISTRAR'S SIGNATURE <u>Marie Korantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamar, Mo.</u>		ADDRESS	
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SEP 6 1963

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 Clemence H. Chelius

Licensed Embalmer No. 3472

P. O. Address San Jose, Md

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.