

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11447**  
Registrar's No. **27**

BIRTH NO.		REG. DIST. NO. <b>52</b>		PRIMARY REG. DIST. NO. <b>5183</b>		Registrar's No. <b>27</b>			
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Byrd</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson mo. 0161</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 mi West Jackson</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>E.</b> c. (Last) <b>Dickerson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 7 1954</b>						
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 3-1876</b>		9. AGE (In years last birthday) <b>77</b>		10. MONTH <b>10</b>	11. DAYS <b>4</b>	12. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Keeping House</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Jacob Hood</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Henry</b>		14. NAME OF HUSBAND OR WIFE <b>R. R. Dickerson Dec.</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Victor Dickerson</b>				ADDRESS <b>Jackson mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				<b>15 yrs</b>	
				DUE TO (c)					
				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 <b>331 X</b>						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 <b>May 1952</b> to <b>Apr 6, 1954</b> , that I last saw the deceased alive on <b>Apr 6, 1954</b> , and that death occurred at <b>11:35m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. J. Jager, M.D.</b>				23b. ADDRESS <b>Jackson, Mo.</b>			23c. DATE SIGNED <b>4-10-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 11, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson mo</b>			
DATE REC'D BY LOCAL REG <b>April 12, 54</b>		REGISTRAR'S SIGNATURE <b>D. S. Sutor</b>		43		FUNERAL DIRECTOR'S SIGNATURE <b>Dorothea Laird</b>			
						ADDRESS <b>Jackson</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

*R. C. Laird*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.**