

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1956

State File No. 14343

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo/ b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY OR TOWN Winfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) R F D 0570/1	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) JACOB c. (Last) DICKMEYER			4. DATE OF DEATH (Month) (Day) (Year) April 26 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 24	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Winfield, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME William Dixon	13b. MOTHER'S MAIDEN NAME Sarah Skinner	14. NAME OF HUSBAND OR WIFE Herman Dickmeyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 170 (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Dickmeyer, Winfield, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 18 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left cerebral hemorrhage -		
	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. Carcinoma rectum. Distal			

19a. DATE OF OPERATION Apr 20-56	19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 1957, to April 26 1956 that I last saw the deceased alive on Apr 26, 1956 and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent A. Schneider MD	23b. ADDRESS St Charles, Mo	23c. DATE SIGNED Apr 27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29 56	24c. NAME OF CEMETERY OR CREMATORY St. Paul E & R	24d. LOCATION (City, town, or county) (State) Old Monroe, Mo.
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DATE REC'D BY LOCAL REG. April 27 1956	REGISTRAR'S SIGNATURE Bernice Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Earl R. Risher	ADDRESS Elsberry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

11 28 94

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 1015

P. O. Address Ekberry

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.