

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20953**

FILED JUL 10 1956

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u>	
c. LENGTH OF STAY (in this place) <u>6 mos.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 No. Third St.</u>			
e. STREET ADDRESS (If rural, give location) <u>816 No. Third St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>DICKINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-56</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>NOV. 16-1881</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 2 HRS. Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co., Mo.</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>None</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Dickinson</u>	

13a. FATHER'S NAME <u>Wm. Wickerham</u>		13b. MOTHER'S MAIDEN NAME <u>Lavicie Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Dickinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no 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 ADDRESS <u>NORA ADERS - De Soto, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>		ANTECEDENT CAUSES DUE TO (b) <u>Hemorrhage</u>		DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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>331x</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) (M.)		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 4/23/49, to 6/25, 1956, that I last saw the deceased alive on 6/25, 1956, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Owen M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>6/27/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Co., Mo.</u>					

DATE REC'D BY LOCAL REG. <u>7-3-56</u>		REGISTRAR'S SIGNATURE <u>Marie Parrie</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mathershead - De Soto, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

JUL 7 1966

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 *Andrew H. Englund*

Licensed Embalmer No. *474*

P. O. Address *De Soto*

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.