

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031977

STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 454

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Cape Girardeau Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jackson Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Southeast Mo. Hosp. 4 weeks		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2 mi. North	

3. NAME OF DECEASED (Type or print) CORA DICKMAN			4. DATE OF DEATH Sept. 3 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23 1866	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Old Appleton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Theo. J. Sachse			14. MOTHER'S MAIDEN NAME Mehitabel Whitledge		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-42-6970	17. INFORMANT Address A. S. Dickman Jackson, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis, recurrent		10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Arteriosclerotic Cardiovascular Disease		
DUE TO (c) None		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4331		
Sinusitis + Auricular fibrillation		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9/22/58 to 9/3/58 and last saw her alive on 9/3/58 Death occurred at 1:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) J. H. Trolinger, M.D.	22b. ADDRESS J. H. TROLINGER, M. D. JACKSON, MISSOURI	22c. DATE SIGNED 9/5/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 6 1958	23c. NAME OF CEMETERY OR CREMATORY Russell Heights	23d. LOCATION (City, town, or county) (State) Jackson Mo.
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24. FUNERAL DIRECTOR ADDRESS McCombs Funeral Home Jackson, Mo.	25. DATE RECD. BY LOCAL REG. 9-26-58	26. REGISTRAR'S SIGNATURE Thomas L Durdon
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *B A Meyer*

Licensed Embalmer No. *30*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.