

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033803

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 282 Primary Registration District No. 5968 Registrar's No. 105

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Benton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural-Benton</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Died in the Home</b>		Length of stay in lb <b>40 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Reside on Farm</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Evalena Vire</b>			4. DATE OF DEATH Month Day Year <b>Sept. 12, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 14, 1872</b>
9. AGE (In years) at birthday <b>85</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James Madison Dickerson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Malisa Dickons</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Leonard Vire, Halfway, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Congestive Heart Failure,</b> DUE TO (b) <b>Coronary vascular disease</b> DUE TO (c) <b>442 X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Aug 23, 58</b> to <b>Sept 11, 58</b> and last saw her alive on <b>Sept 11-58</b> Death occurred at <b>11:20</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>L. D. Smith M.D.</b>		22b. ADDRESS <b>Bolivar Mo</b>	
22c. DATE SIGNED <b>Sept 29-58</b>		22d. LOCATION (City, town, or county) (State) <b>Greene Co. Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 14, 58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Roberson Praire</b>		23d. LOCATION (City, town, or county) (State) <b>Greene Co. Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Pete's funeral home Bolivar, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 30, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Thomas L. Hurdon</b> (Licensed Embalmer's Statement on Reverse Side)			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard J. Petts* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bolivar, Pa.* .....

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.