

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24224

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 182

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Maryville</u> <u>4</u> township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u> <u>3</u>	
c. LENGTH OF STAY (in this place) <u>5</u> WKS.		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McBride Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>LENA</u>		b. (Middle) <u>EDNA</u>	
		c. (Last) <u>DICKEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>26</u> <u>49</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1/29/68</u>
9. AGE (in years last birthday) <u>81</u>		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George D. Mowry</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Long</u>	
		14. NAME OF HUSBAND OR WIFE <u>Chas. H. Dicken, dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles Dicken, Graham, Mo.</u>		ADDRESS	
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) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operations</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)		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 <u>7-21-1949</u> to <u>July 26, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Dean M. D.</u> (Degree or title)		23b. ADDRESS <u>Maryville, Missouri</u>	
23c. DATE SIGNED <u>7-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/28/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>		24d. LOCATION (City, town, or county) (State) <u>Graham, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-30-49</u>		REGISTRAR'S SIGNATURE <u>Beas Holt 229</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u>		ADDRESS <u>Maryville, Mo.</u>	



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 John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville, 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.