

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33380
Registrar's No. 48

2-3

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

BIRTH NO. _____		REG. DIST. NO. 84		PRIMARY REG. DIST. NO. 5319		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY <i>Cooper</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>			
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <i>Otterville Twp</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <i>near Otterville Twp</i>		d. STREET ADDRESS (If rural, give location) <i>near Pleasant Green Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>near Pleasant Green Mo</i>				d. STREET ADDRESS <i>near Pleasant Green Mo</i>			
3. NAME OF DECEASED a. (First) <i>MAE Delitha</i>			b. (Middle)		c. (Last) <i>Dimms</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 20-49</i>
5. SEX <i>Fem</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Feb 26, 1884</i>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>65 7 24</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jackson Payor</i>		13b. MOTHER'S MAIDEN NAME <i>Leona Kingbury</i>		14. NAME OF HUSBAND OR WIFE <i>Wardie Dimms</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y. no. or unknown) (If yes, give war and date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Wardie Dimms, Otterville, Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral apoplexy</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Interstitial Nephritis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>334X</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <i>Mar 29, 1948</i> , to <i>Oct 7, 1949</i> , that I last saw the deceased alive on <i>Oct 7, 1949</i> , and that death occurred at <i>10:55 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Chas. R. Maddox M.D.</i>				23b. ADDRESS <i>Sedalia, Mo</i>		23c. DATE SIGNED <i>10-21-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Oct-23-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Moriah Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Pleasant Green, Mo</i>	
DATE REC'D BY LOCAL REG <i>Oct-23-1949</i>		REGISTRAR'S SIGNATURE <i>Hellie Muller</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hays & Painter</i>		ADDRESS <i>Pilot Grove, Mo</i>	

RECEIVED

OCT 31

District Health Officer No. 8

District File Number

Date Filed 11-3-49

NOV 4 1949

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed Rayton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wisc.

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.