

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25740

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6092		Registrar's No. 136		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Grand Pass, Twp.			c. LENGTH OF STAY (In this place) 28 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Grand Pass, Twp. 047				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mi. N. Grand Pass, Mo.				d. STREET ADDRESS (If rural, give location) 1 Mi. N. Grand Pass, Mo.				
3. NAME OF DECEASED (Type or Print) Katherine			a. (First)		b. (Middle) Dickason		c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		Aug. 8, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Sept. 11, 1863		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Sterling Argood			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----			
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. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nelson Richhart Grand Pass, MO. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage	DUPLICATE OF (b) arterio-sclerosis generalized						4 days +	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUPLICATE OF (c) Patient under of one of our group who is now on vacation.						331X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						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 Aug. 8, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P. m., from the causes and on the date stated above.								
23a. SIGNATURE Jordan Kelling M.D. (Degree or title)				23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED Aug. 9, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Nebo		24d. LOCATION (City, town, or county) (State) Grand Pass, Mo.			
DATE REC'D BY LOCAL REG. Aug. 11-1950		REGISTRAR'S SIGNATURE Sidney J. Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger Marshall, Mo. ADDRESS		

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

RECEIVED  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8-14-50

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. ....

Signed.....  
Student Embalmer

Signed

*Joseph P. Macklin*

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.