

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36314

State File No. ....

Registrar's No. 176

FILED DEC 12 1951

3005

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Butler</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>6970</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b> b. (Middle) <b>May</b> c. (Last) <b>Dickerson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 5 - 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>5-18-1877</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: MONTHS <b>6</b> DAYS <b>17</b>	
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>Home</b>		11. BIRTHPLACE (State or foreign country) <b>0</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jim Vermillion</b>		13b. MOTHER'S MAIDEN NAME <b>Survilla Adams</b>		14. NAME OF HUSBAND OR WIFE <b>Lawrence Dickerson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gladys White Butler, Missouri</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular, C.M.</b>					
		ANTECEDENT CAUSES		DUE TO (b) <b>Breast adenocarcinoma</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **7-30, 1951**, to **12-5, 1951**, that I last saw the deceased alive on **12-5, 1951**, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ronald C. Howard, M.D.</b>		23b. ADDRESS <b>Butler, Mo</b>		23c. DATE SIGNED <b>12-6-51</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-7-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Radford Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bates Co., Missouri</b>	
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DATE REC'D BY LOCAL REG <b>Dec. 7 1951</b>		REGISTRAR'S SIGNATURE <b>Arnold Perry '0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edwin Underwood Butler, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED

DEC 11 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed DEC 11 1951 -----

DEC 11 1951

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, *Robert B. Stunked* -----

Licensed Embalmer No. 4657 -----

P. O. Address Butler, 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 this body is not embalmed, fact should be so stated above.