

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4600**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **145**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Green | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Green | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Mo 0396 | |
| c. LENGTH OF STAY (In this place) 2hrs | | d. STREET ADDRESS (If rural, give location) 635 Kingsbury 6 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: St Johns Hospital | | | |

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|--|-------------|-----------|------------------|-----------|-------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) |
| Ella Dicus. | | | Feb | 15 | 1952 |

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|-------------------------|----------------------------------|---|--|---------------------------------|----------------|---------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | 8. DATE OF BIRTH May 11 1868 | 9. AGE (In years last birthday) | % UNDER 1 YEAR | % UNDER 1 MRS. Hours Min. |
| | | | | 83 | | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home mother | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (State or foreign country) New Market . Alabama | 12. CITIZEN OF WHAT COUNTRY? Green |
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| 13a. FATHER'S NAME Joseph Hambrick | 13b. MOTHER'S MAIDEN NAME Lucinda Soloman | 14. NAME OF HUSBAND OR WIFE Deceased |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Boyd Dicus | ADDRESS Springfield, Mo. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | 4 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension | | 10 years 2 year |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | | 331X |

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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) | 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 **2-1-52**, to **2-15-52**, that I last saw the deceased alive on **2-15-52**, and that death occurred at **11:30A m.**, from the causes and on the date stated above.

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|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE J. L. Johnston MD | (Degree or title) | 23b. ADDRESS Springfield, Mo | 23c. DATE SIGNED 2-16-52 |
|--|-------------------|--|------------------------------------|

| | | | |
|---|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Feb 17 1952 | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood | 24d. LOCATION (City, town, or county) (State) Springfield, Green, Mo. |
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| DATE REC'D BY LOCAL REG. 2-16-52 | REGISTRAR'S SIGNATURE James A. Amos, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thieme | ADDRESS Springfield, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

J. L. Johnston and

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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 Fred C. Thieme.....

Licensed Embalmer No. 2899.....

P. O. Address Springfield, 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.