

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23897**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 411a Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>not numbered, 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Sixth</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u>		b. (Middle) <u>A</u>	
c. (Last) <u>Dick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 8-1882</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Henry Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Francis Rudd</u>	
14. NAME OF HUSBAND OR WIFE <u>Jesse F. M. Dick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter C. Dick</u>		ADDRESS <u>Marxville Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Hypertension</u> 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 <u>332X</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) m.		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>July 1, 1952</u> to <u>July 16, 1952</u> that I last saw the deceased alive on <u>July 15, 1952</u> , and that death occurred at <u>6:04</u> p.m. from the causes and on the date stated above.			
23a. SIGNATURE <u>W. K. Hawkins MD</u> (Degree or title)		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>7-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-18-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox City Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/16-52</u>		REGISTRAR'S SIGNATURE <u>W. K. Hawkins</u> 55	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Bell</u>		ADDRESS <u>Kelmeysie Salisbury Mo</u>	

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

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 Chas B Kunkelmeier

Licensed Embalmer No. 3842

P. O. Address Delistbury

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.