

39881

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 395

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>0941</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mamie</u>	b. (Middle) <u>Ethel</u>	c. (Last) <u>Dicus</u>	<u>Dec 5 1952</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 22 1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR: Months <u>10</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US A</u>

13a. FATHER'S NAME <u>Noah Counts</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Depper</u>	14. NAME OF HUSBAND OR WIFE <u>John Dicus</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. s Viola Parker</u>	ADDRESS <u>Farmington Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Coronary Disease</u>		
DUE TO (c) <u>4 2 1</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 Nov. 24, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. G. L. Watkins Sr. M.</u>	(Degree or title)	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>12-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C H COZEAN</u>	ADDRESS <u>FARMINGTON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 15 1945

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 Ch Cozear
Farmington N.H.

Licensed Embalmer No. 4084

P. O. Address _____

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.