

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41352

State File No.

FILED NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4523 Registrar's No. 14

1080

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAISY</u>	b. (Middle) <u>MUSETTA</u>	c. (Last) <u>Dickbreder</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov. 13, 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>August 26, 1874</u>	9. AGE (In years last birthday) <u>78 yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS Hours	IF UNDER 1 MIN. Min.
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 (State or foreign country) <u>Richmond, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Edward Carmine Rieley</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Decker</u>	14. NAME OF HUSBAND OR WIFE <u>Harmon Henry Dickbreder</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. C. Dickbreder</u>	ADDRESS <u>Schell City</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11-13-52</u> <u>4 AM -</u> <u>11-13-52</u> <u>9:40 AM.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			

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)
		<u>Schell City Vernon Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 11-13-52, 1952 to 11-13, 1952, that I last saw the deceased alive on 11-13, 1952, and that death occurred at 9:40 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edna E. Thomas Sr. D.O.</u>	23b. ADDRESS <u>Schell City Mo.</u>	23c. DATE SIGNED <u>11-14-52</u>
---	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Nov. 15 1952</u>	REGISTRAR'S SIGNATURE <u>Bliss B. Daily</u>	463	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>	ADDRESS <u>Schell City, Mo.</u>
--	---	-----	---	---------------------------------



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 _____

Marion M. Lewis

Signed.....

Student Embalmer

Licensed Embalmer No. _____

3084

P. O. Address _____

Schell City, 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.