

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13272**

FILED APR 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>23</u> days		d. STREET ADDRESS (If rural, give location) <u>1019 W. Boulevarde</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulem Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u>		b. (Middle) <u>MARGARET</u>		c. (Last) <u>DOLLENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 53</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>March 5, 1870</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Mo.</u>	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wade Chick</u>		13b. MOTHER'S MAIDEN NAME <u>Arabelle Wilson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Estes, Mexico, Mo.</u>	
16.		17.		ADDRESS _____	

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		ANTECEDENT CAUSES <u>arteriosclerosis</u>				<u>15</u> <u>years</u>	
DUE TO (b) _____		DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip and neck of left humerus</u>		_____				<u>6</u> <u>weeks</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201 F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		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 4-4-53, 1953, to 4-25-53, 1953, that I last saw the deceased alive on 4-25-53, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of MD) _____		23b. ADDRESS <u>Centralia, Mo.</u>		23c. DATE SIGNED <u>4-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 25, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope, Audrain</u>	
24d. LOCATION (City, town, or county) <u>Audrain County, Mo.</u>		24e. (State) _____			

DATE REC'D BY LOCAL REG. <u>April 27-1953</u>		REGISTRAR'S SIGNATURE <u>Maudie Mc Bride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl E. Beck</u>		ADDRESS <u>Mexico, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
1936  
ST. LOUIS  
MAY 11 1936

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 Earl E. Puck

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.