

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17188

FILED JUN 3 1953

State File No. 219

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No.

1. PLACE OF DEATH a. COUNTY Butler County 01240		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Butler 01240	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 909 Warren	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Vivian	b. (Middle) Fergene	c. (Last) Dicken	4. DATE OF DEATH (Month) (Day) (Year) May 7 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1 1933	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-keeping	10b. KIND OF BUSINESS OR INDUSTRY Gas Company	11. BIRTHPLACE (State or foreign country) Fairdealing, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Aubrey Hudson	13b. MOTHER'S MAIDEN NAME Mable Hutchison	14. NAME OF HUSBAND OR WIFE Bobby Dicken
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bobby Dicken	ADDRESS Poplar Bluff, 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, ashenia, 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) Cerebral Hemorrhage		14 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertension 4 days DUE TO (c) Toxemia of Pregnancy 4 days		
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	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)
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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
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22. I hereby certify that I attended the deceased from May 6, 1953, to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 5-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/53	24c. NAME OF CEMETERY OR CREMATORY Dicken cemetery	24d. LOCATION (City, town, or county) (State) Butler Co., Mo.
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DATE REC'D BY LOCAL REG. 5/26/53	REGISTRAR'S SIGNATURE R.N. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home	ADDRESS Naylor, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 2 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

JUN 8 1953

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 *Bryan McCord* _____

Licensed Embalmer No. *4079* _____

P. O. Address *Hayes, 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.