

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24488

State File No. _____
Registrar's No. 671

FILED JUL 27 1953

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5453

No. 300
10. 48
2390
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Rural Brookline		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN XXXXXXXXXX
d. FULL NAME OF HOSPITAL OR INSTITUTION Republic RFD#2		e. STREET ADDRESS (If rural, give location) Republic RFD#2	
3. NAME OF DECEASED (Type or Print) DESTIE	a. (First)	b. (Middle) MONA	c. (Last) DICKERSON
4. DATE OF DEATH July 18 1953	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6 August 1869
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jake Stevens	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME H.L. Cathey	
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.		17. ADDRESS Republic, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	MEDICAL CERTIFICATION Cardio Vascular disease	INTERVAL BETWEEN ONSET AND DEATH 1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Failure to react to late life (Senility)	Age 83	
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4221
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) (Min.)	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>7-1950</u> , 19 <u>50</u> , to <u>7-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-16</u> , 19 <u>53</u> , and that death occurred at <u>5:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Wm H. Sibley M.D.		(Degree or title)	23b. ADDRESS Springfield Mo
23c. DATE SIGNED 7/20/53	24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-20-53	24c. NAME OF CEMETERY OR CREMATORY Batesville, Arkansas
24d. LOCATION (City, town, or county) (State) Batesville, Arkansas	DATE REC'D BY LOCAL REG. 7-20-53	REGISTRAR'S SIGNATURE E. W. Williams	25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & CO.
			ADDRESS Springfield, Mo

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.....
Signature of Student Embalmer

Signed *Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.