

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44925

State File No.

No. 300
10. 48

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 180

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>Mwada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mwada, Mo. 1080</u>	
c. LENGTH OF STAY (In this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>821 West Arch St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mwada City Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>Lenora</u> c. (Last) <u>Dickison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16-1953</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>July 3-1871</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>5</u> DAYS <u>18</u> HOURS _____ 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 <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spence - Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. R. Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Abiah L. Simpson</u>	
14. NAME OF HUSBAND OR WIFE <u>W. E. Dickison (Deceased)</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. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Phyllis Dickison</u>		18. ADDRESS <u>821 W. Arch Mwada, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chor. Hypertensive C.V.R. Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Jan. 1953, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Anna E. Ferry</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mwada, Mo</u>		23c. DATE SIGNED <u>12-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler, Bates, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hayes</u>		ADDRESS <u>Mwada, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-23-1953</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		451	

(Licensed Embalmer's Statement on Reverse Side)

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

10-23

L. H. H. H. H.

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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Waco, 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.