

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5362

State File No.

FILED MAR 15 1954

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>367</u>		
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>			c. LENGTH OF STAY (in this place) <u>50 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD, Mo 6582</u>			d. STREET ADDRESS (If rural, give location) <u>415 N. MONROE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>415 N. MONROE ST</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>MAY</u> c. (Last) <u>DICKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 10, 1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 6, 1880</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. 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 <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MEADVILLE, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>S.M. MCKISSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA KELSEY</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM K. DICKS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. NELL RAE JOHNSON, BROOKFIELD, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Congestive Heart Failure</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dilated Myocardium</u> DUE TO (c) <u>year</u>							
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"/>		
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>3/10</u> , 19 <u>54</u> , to <u>3/10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/10</u> , 19 <u>54</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John H. Lucas M.D.</u>				23b. ADDRESS <u>Brookfield 700</u>		23c. DATE SIGNED <u>3/11/54</u>		
24a. FUNERAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-12-54</u>		REGISTRAR'S SIGNATURE <u>Rudine Stambach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo</u>				

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

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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 Harold B. Wright

Licensed Embalmer No. 3918

P. O. Address Brookfield, 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.