

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11857**

BIRTH NO. **FILED MAY 3 1954** REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kidder	
c. LENGTH OF STAY (In this place) 3 Wks.		d. STREET ADDRESS (If rural, give location) 130 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Leatha	b. (Middle) Alice	c. (Last) Dick	4. DATE OF DEATH (Month) (Day) (Year) April 27 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 25 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 6 Days 2	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mooreville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Maxime Francure	13b. MOTHER'S MAIDEN NAME Martha Eller	14. NAME OF HUSBAND OR WIFE William P. Dick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Butler	ADDRESS Albany, Mo. R.F.D
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 T
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cholelithiasis		3
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Uterus treated by hysterectomy and oophorectomy - Metastasis to Nervous system, respiratory			

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) m.	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 **4/4**, 19**54**, to **4-27**, 19**54**, that I last saw the deceased alive on **4-26**, 19**54**, and that death occurred at **7:25** p.m. from the causes and on the date stated above.

23a. SIGNATURE (Name or title) J. H. Broyles M.D.	23b. ADDRESS Bethany Mo.	23c. DATE SIGNED 4/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 29-54	24c. NAME OF CEMETERY OR CREMATORY Kidder Cemetery	24d. LOCATION (City, town, or county) (State) Kidder, Missouri
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DATE REC'D BY LOCAL REG. 4/29/54	REGISTRAR'S SIGNATURE Zola Burris 116	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Butler	ADDRESS Albany Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1957

JUL 11 1958

MAY 5 1958

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arthur E. Brooks
Licensed Embalmer No. 3329

P. O. Address Albany, 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.