

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5913**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY ST FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY ST FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE		c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN BISMARCK
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0480			

3. NAME OF DECEASED a. (First) ALPHA b. (Middle) ALMeda c. (Last) VELVIC			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1955		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 29, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) Reynolds Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM D. DICKSON		13b. MOTHER'S MAIDEN NAME SARAH RAYFIELD		14. NAME OF HUSBAND OR WIFE Rev. W. J. Velvic	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS LAIR, Charleston, Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 10 yr. plus	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Diabetes Mellitus		DUE TO (c)		10 yr. plus	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia				2 weeks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x		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)		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 Aug. 18, 1954, to Feb. 7, 1955, that I last saw the deceased alive on Feb. 6, 1955, and that death occurred at 6:15 am., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Sullivan		(Degree or title)		23b. ADDRESS Bonne Terre, Mo.		23c. DATE SIGNED 2/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-9-55		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		24d. LOCATION (City, town, or county) (State) BISMARCK, MISSOURI	
DATE REC'D BY LOCAL REG. Feb. 10, 1955		REGISTRAR'S SIGNATURE Ethel Padgett		25. FUNERAL DIRECTOR'S SIGNATURE SHIPMAN & SONS		ADDRESS BISMARCK, MO.	

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

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 *John N. Shiman*
Licensed Embalmer No. *480*

P. O. Address *Bismarck*

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.