

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10511**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **623**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings	c. LENGTH OF STAY (in this place) 1 mo.	c. CITY OR TOWN Doniphan	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hightower Nursing Home		STREET ADDRESS (If rural, give location) 403 Jackson	

3. NAME OF DECEASED (Type or Print) Annie Dick	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1955
--	------------	-------------	-----------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 10, 1896	9. AGE (In years last birthday) Months Days 58	IF UNDER 1 YEAR Hours Min.	IF UNDER 15 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 At Home	11. BIRTHPLACE (City and State or Foreign Country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	---	---

13a. FATHER'S NAME Clayton Bridgforth	13b. MOTHER'S MAIDEN NAME Belle Gray	14. NAME OF HUSBAND OR WIFE Joseph H. Dick
---	--	--

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Dick, 7001 Lexington
---	---	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast with metastases (regional, brain, bone)		unknown
	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	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) 170X
--	--	--

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? 170X
---	--	---

22. I hereby certify that I attended the deceased from **Feb 24, 1955**, to **March 21, 1955**, that I last saw the deceased alive on **March 15, 1955**, and that death occurred at **7:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann MD	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 3/22/55
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-22-55	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Doniphan, Mo.
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 3/22/55	REGISTRAR'S SIGNATURE Robert R. Lamborn	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
--	---	---

(Licensed Embalmer's Signature on Reverse Side)

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

JUN 7 1951

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..... Paul A. Wachter

Licensed Embalmer No. 478

P. O. Address Houston

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.