

No. 300
10-48

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20528

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1263

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Detroit</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2620 Beniteau Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Old Peoples Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Dickson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 3 55</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>5-1-68</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR	# UNDER 1 HR.
					Months	Days
					Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (HOUSE WORK)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Jacob Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Swiggerty</u>	14. NAME OF HUSBAND OR WIFE <u>John Dickson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie J. Sprague</u>	ADDRESS <u>6600 Washington</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u>		
	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"/>
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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) <u>443X</u>
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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 July 1, 1954, to June 3, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>6600 Washington Ave.</u>	23c. DATE SIGNED <u>6-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUNE 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ROYAL OAK MICHIGAN</u>
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DATE REC'D BY LOCAL REG. <u>6/3/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>SHEPARD FUNERAL HOME - 1167 HAMILTON AVE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address St. Louis 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.