

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9687

FILED MAR 27 1956

State File No. 38

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
b. CITY OR TOWN <u>Troy - Rural</u>		c. LENGTH OF STAY (in this place township) <u>12 Days</u>		c. CITY OR TOWN <u>Flint Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Main Street</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mary</u>	b. (Middle) <u>Saloma</u>	c. (Last) <u>Dickherber</u>	(Month) <u>March</u>	(Day) <u>15</u>	(Year) <u>1956</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27, 1878</u>	9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Months	if UNDER 2 HRS. Days	if UNDER 2 HRS. Hours	if UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Duties</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dardenne, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Boland</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mahar</u>	14. NAME OF HUSBAND OR WIFE <u>Henry A. Dickherber</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>Henry A. Dickherber</u>	ADDRESS <u>Flint Hill Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Proximal block &amp; nephrosclerosis</u>		
	DUE TO (c) <u>Shock - fractured hip</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3-8-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Enter trochanteric fracture Rt. hip.</u>	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>Flint Hill St. Charles Missouri</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 <u>fall</u>
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22. I hereby certify that I attended the deceased from 3-5, 1956, to 3-15, 1956, that I last saw the deceased alive on 3-14, 1956, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Addison Houbert</u>	23b. ADDRESS <u>St. Louis Mo.</u>	23c. DATE SIGNED <u>3-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Theodores Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Flint Hill Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-24-56</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Carlton C. Peterson</u>	ADDRESS <u>Wentzville</u>
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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... *Gaulton J. Pitman*.....

Licensed Embalmer No... *497*.....

P. O. Address... *Wentworth*.....

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.