

FILED APR 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. 15378

BIRTH NO. REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4545 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY WEBSTER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHFIELD		c. LENGTH OF STAY (in this place) 2 YRS	c. CITY OR TOWN MARSHFIELD		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) 1120		
3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) APR 15 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 14 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL DICKEY		13b. MOTHER'S MAIDEN NAME SARAH WALLIS		14. NAME OF HUSBAND OR WIFE HARRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME HARRY BLAINE MARSHFIELD		ADDRESS MARSHFIELD	
MEDICAL CERTIFICATION					
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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident				INTERVAL BETWEEN ONSET AND DEATH 2 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis				2-3 years
	DUE TO (c) Hypertensive Heart disease				10 year
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x				
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) (Min.)	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 July 10 , 1953, to April 15 , 1956, that I last saw the deceased alive on April 14 , 1956, and that death occurred at 9:55 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. M. McDonnell M.D.			23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED 9/24/56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-18-1956	24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	24d. LOCATION (City, town, or county) (State) MARSHFIELD MO		
DATE REC'D BY LOCAL REG. 4-25-56	REGISTRAR'S SIGNATURE J. Francis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. W. BARBER MARSHFIELD.		

(Licensed Embalmer's Statement on Reverse Side)

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

920

MAR 27 1959
OCT 4 1961

SEP 13 1956
APR 7 1957

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.....


Licensed Embalmer No... 3

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.