

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45123

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tywappity		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #1		Length of stay in lb 1 Week	d. STREET ADDRESS Charleston, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lessie Middle ---- Last Bickford			4. DATE OF DEATH Month 11 Day 29 Year 57			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/20/1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Meadow Brook Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Johnson			14. MOTHER'S MAIDEN NAME M Nancy McIntush			
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 Address William Bickford, Rt. 1 Charleston			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X					INTERVAL BETWEEN ONSET AND DEATH 1 mo 7 d ?	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from August 7, 1950 to November 29, 1957 and last saw her November 29, 1957 alive on November 29, 1957 . Death occurred at 11:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Dr. E. Deismair M.D. (Degree or title)			22b. ADDRESS Charleston Mo		22c. DATE SIGNED 12/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/1/57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.	/ (State)		
24. FUNERAL DIRECTOR John P. Nunnelee ADDRESS The Nunnelee Funeral Chapel Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 12-18-57	26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED

Miss. Co. Health Dept.

County File No. _____

Date Filed 12-21-5

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 T. Murrell Jr.

Licensed Embalmer No. 385

P. O. Address Charleston

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.