

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040560

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 92

FILED NOV 20 1958

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Norton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1110 1/2 Main St.</u>		d. STREET ADDRESS (If outside, give location) <u>0970 S.W. Side</u>	
Length of stay in lb <u>15 Min</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>BESSIE JANE DICKEY</u>			4. DATE OF DEATH Month Day Year <u>November 8 1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May, 29, 1890</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Morrow</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia McDonald</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Dickey (deceased)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Chas. Clemens, Marshall, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Hypertension</u>		<u>2 yrs</u>
	DUE TO (c) <u>Chronic Arteriosclerosis</u>		<u>9 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Lexington, Mo.</u>	COUNTY <u>Saline</u>	STATE <u>Mo.</u>
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21. attended the deceased from <u>April 21 1958</u> to <u>Nov. 8 1958</u> and last saw ^{her} alive on <u>Nov. 8, 1958</u> Death occurred at <u>10:15</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John C. Beltran</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Lexington, Mo.</u>	22c. DATE SIGNED <u>11-8-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 10, '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memory Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>
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24. FUNERAL DIRECTOR <u>Harry Herskbeiger</u>	ADDRESS <u>Marshall Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Wm. E. Gach</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harry Hershberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall*

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.