

FILED OCT 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. **31360**

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 4145 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PRairie Home Mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PRairie Home Mo. 0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRairie Home Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>PRairie Home Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>DICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 2-1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 3-1886</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S</u>	

13a. FATHER'S NAME <u>HENRY DICK</u>	13b. MOTHER'S MAIDEN NAME <u>FRIEDRICKA GEORGINA MAY DICK</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Dick</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>YES World War</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Dick</u>	ADDRESS <u>Prairie Home, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	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 <u>4200</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>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May 1950, to Oct 2, 1953, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 2:09 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Desmarques, M.D.</u>	23b. ADDRESS <u>Bronville, Mo.</u>	23c. DATE SIGNED <u>10/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>OCT 4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedron Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Cedron Mo.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 6-53</u>	REGISTRAR'S SIGNATURE <u>V. T. Meredith</u>	442	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Albert Hornbeck</u>	ADDRESS <u>Prairie Home Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 12 1958

OCT 20 1958

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 Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.