

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026615

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Knoxville 08960
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Mem. Hosp.		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 2 mi. s. of Knoxville
3. NAME OF DECEASED (Type or print) First FREDERICK Middle MORGAN Last DICKSON			4. DATE OF DEATH Month July Day 24 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 12, 1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		9b. KIND OF BUSINESS OR INDUSTRY Coal industry	9c. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY Coal industry	11. BIRTHPLACE (City and state or country) Richmond, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF FATHER'S NAME Henry Dickson	
13b. MOTHER'S MAIDEN NAME Mary Longwell		14. NAME OF HUSBAND OR WIFE Grace Comstock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or part of service) Yes 3/31/05-3/30/08		16. SOCIAL SECURITY NO. -	17. INFORMANT Address Grace Dickson, Rt. 1, Rayville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO (b) " DUE TO (c) " Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4201			INTERVAL BETWEEN ONSET AND DEATH LNST
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) -	
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 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 7-19-58 to 1-24-58 and last saw her alive on 7-24-58 Death occurred at 11:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Ray MD (Degree or title)		22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 7-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 29, 1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 7-27-1958	26. REGISTRAR'S SIGNATURE Mabel Jackson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

D

SEP 18 1938
AUG 8 1938

x	Richmond Township	x	Knoxville
	Ray County Tenn. Hosp.		3 mi. s. of Knoxville
	Male		White
	Coal miner		Richmond, Mo.
	Henry Dickson		Grace Comstock
	Yes		Grace Dickson, Rt. 1, Knoxville, Mo.
	3/31/02-3/30/08		Henry Lowmell
			U.S.A.
			July 28, 1928
			DICKSON
			Mar. 12, 1883
			72

AUG 20 1938
Coal Industry

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, ~~order~~....., Student Embalmer No. working under my personal supervision.

Student Signed *James L. Thurman*.....
Signature of Student Embalmer

as 11:11 Licensed Embalmer No. 4563.....
P. O. Address Richmond, Mo......

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.

Truman Funeral Home, Richmond, Mo.