

FILED MAY 2 1946

84

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 5317

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cooper Mo.
 (b) City or town Bunceton, Kelly Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
 (c) City or town Bunceton, Mo. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clarence Crockett Dicus

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 1 1880
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 9
 If less than one day _____ hr. _____ min.

9. Birthplace Mexico Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace Mexico Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Crockett
 15. Birthplace Mexico Mo.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Clarence Dicus
 (b) Address Bunceton Mo.
 17. (a) Buried (b) Date thereof Apr-11-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Masonic Cemetery
 18. (a) Signature of funeral director L. G. Parker
 (b) Address Bunceton Mo.
 19. (a) April 13, 1946 (b) Nellie Mullett
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
 year 1946 hour 10.30 minute a. M.
 21. I hereby certify that I attended the deceased from October 15, 1945, to April 7, 1946
 that I last saw him alive on April 7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma recti 2 years
Removed by operation
 Due to Metastases appeared
in abd. lymph nodes,
 Due to liver, carcinoma
 Other conditions Secondary anemia.
 (Include pregnancy within 3 months of death)

Major findings: Was operated at
 Of operations Mayo Clinic 2 years ago
 Of autopsy None

22. If death was due to external cause, state in the following:
 (a) Accident, suicide, or homicide _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature Alvin H. ... (M. D. or other) _____
 Address Boomerle Mo. Date signed April 10 1946

RECEIVED

District Health Officer No: 6

District File Number:

Date Filed: 5-2-46

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.....

working under my personal supervision.

myself

Registered Apprentice No.....

Signed: *W. J. Paulson*

Licensed Embalmer No. 2547

P. O. Address: *Durham*

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

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

State File No. may
Registrar's No. 6 f

Registration District No. 84

Primary Registration District No. 5317

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Rubidon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence C. Decin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Feb 1 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. (Immediate cause of death) _____

8. AGE: Years 66 Months 2 Days _____ (If less than one day, hr. _____ min. _____)
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Due to Carcinoma recti
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Allen H. ... (M. D. or other) _____
Address Boonville Mo Date signed _____

SUPPLEMENTARY

WHILE I REMAIN I USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

