

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22304**

FILED JUL 12 1949

BIRTH NO. **39433-49** REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6162** Registrar's No. **25**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reeds Spring-Mo		c. LENGTH OF STAY (in this place) 16 hrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reeds Spring	
		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) JERRY b. (Middle) WAYNE c. (Last) Dickens			4. DATE OF DEATH (Month) (Day) (Year) JUNE 22 1949		
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH June 21-1949		9. AGE (in years last birthday) 16		10. KIND OF BUSINESS OR INDUSTRY none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			11. BIRTHPLACE (State or foreign country) Missouri		
13a. FATHER'S NAME Edie Dickens			13b. MOTHER'S MAIDEN NAME Flo Blivins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME Edie Dickens			ADDRESS Reeds Spring Mo		

13a. FATHER'S NAME Edie Dickens		13b. MOTHER'S MAIDEN NAME Flo Blivins		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Edie Dickens	
				ADDRESS Reeds Spring Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		DUE TO (b) Don't know					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				776X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/21, 1949** to **6/22, 1949** that I last saw the deceased alive on **6/22, 1949**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURES (Degree or title) L S Shumate M.D.		23b. ADDRESS Reeds Spring Mo		23c. DATE SIGNED 6/22/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 22 June 49		24c. NAME OF CEMETERY OR CREMATORY Yokum Pond Cem.	
				24d. LOCATION (City, town, or county) (State) Reeds Spring Mo	

DATE REC'D BY LOCAL REG. June 30-49		REGISTRAR'S SIGNATURE Dena Murray - Dep		317	
		5. FUNERAL DIRECTOR'S SIGNATURE C. E. Mose		ADDRESS Reeds Spring Mo	

RECEIVED

District Health Officer No. 6,

District File Number 749-805

Date Filed 7-11-49

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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