

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26688
753

FILED AUG 31 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell</u>	
c. LENGTH OF STAY (If this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield R# 9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R# 9</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield R# 9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANSON</u> b. (Middle) <u>H.</u> c. (Last) <u>DICKINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1949</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>May 7, 1870</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	11. UNDER 1 HRS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert Dickinson</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Huyck</u>	14. NAME OF HUSBAND OR WIFE <u>Phoebe Ellen Dickinson</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)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mark Platt</u>	17. ADDRESS <u>Springfield 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Arterio-sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		V201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 11-7 1949, August 21, 1949, that I last saw the deceased alive on 5-6, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald F. Eelking M.D.</u>	23b. ADDRESS <u>Mid. City Bldg</u>	23c. DATE SIGNED <u>8-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Living Green Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/22/49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Bur</u>	ADDRESS <u>Ch. Moor Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clarence D. Noblet*

Licensed Embalmer No. *2005*

P. O. Address *Ch. Moore*

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.