

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1950

State File No. 790

BIRTH NO. 396 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 48A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If in 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>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (in this place) <u>40 YRS</u>		0 396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2245 N. MAIN</u>		d. STREET ADDRESS (If rural, give location) <u>2245 N. MAIN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>DICKEY</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>JAN. 16 1950</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>WIDOWER</u>	8. DATE OF BIRTH <u>SEPT 17, 1872</u>	9. AGE (In years last birthday)	<u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>POLK CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM C. DICKEY</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH WOODARD</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BOVD DICKEY</u>	ADDRESS <u>2527 N. LYON - SPBED.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>		492x 12-490
	ANTECEDENT CAUSES Morbid 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. <u>Serility & Arterio Sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 14, 1950, to Jan 16, 1950, that I last saw the deceased alive on Jan. 16, 1950, and that death occurred at 10:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Feller MD</u>	(Degree or title)	23b. ADDRESS <u>609 Cherry Springfield</u>	23c. DATE SIGNED <u>1-19-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/19/50</u>	24c. NAME OF CEMETERY OR BREMATORY <u>Hickory Grove</u>	24d. LOCATION (City, town, or county) (State) <u>near Willard Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-23-50</u>	REGISTRAR'S SIGNATURE <u>W. S. Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klugner & Co. Spgfd.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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

Max Rhodes

Licensed Embalmer No.

4074

P. O. Address

Springfield

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.