

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2423

318

1003

Registrar's No. 104

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>California</b> b. COUNTY <b>Santa Clara</b>			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>San Jose</b>		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4163<sup>2</sup> FLAD AVE</b>				d. STREET ADDRESS (If rural, give location) <b>NR 973 Nevada Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>KEITH</b>		a. (First)		b. (Middle) <b>RONALD</b>		c. (Last) <b>DIMICK</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 4 - 50</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single ( / )</b>	
8. DATE OF BIRTH <b>Dec. 22, 1928.</b>		9. AGE (In years last birthday) <b>21</b>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Washington University</b>		11. BIRTHPLACE (State or foreign country) <b>Portland, Oregon. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Orrlin Dimick</b>		13b. MOTHER'S MAIDEN NAME <b>Thelma France</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on or unknown) (If yes, give war or dates of service) <b>yes World War #2</b>		16. SOCIAL SECURITY NO. <b>yes</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Orrlin Dimick, San Jose, California.</b>			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Pulmonary Oedema</b>  DUE TO (c) <b>Cardiac Hypertrophy</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastric Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <b>4343</b>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>850A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1/5/50</b>	
24a. BURIAL (CREMATION/REMOVAL) (Specify) <b>removal</b>		24b. DATE <b>1-5-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>San Carlos, California.</b>		24d. LOCATION (City, town, or county) (State) <b>San Carlos, California.</b>	
DATE REC'D BY LOCAL <b>JAN 5 1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons - St. Louis, Missouri</b>			

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

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**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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address, St. Louis, 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 this body is not embalmed, fact should be so stated above.