

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 6135

Registrar's No. 1401

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 1401	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE - Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2739	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 23 1850 So. 12th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Raymond		b. (Middle) L.		c. (Last) Dickinson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 5, 1918	
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months 7		IF UNDER 6 HRS. Days 5		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Homer Dickinson		13b. MOTHER'S MAIDEN NAME Edna Missey		14. NAME OF HUSBAND OR WIFE Mary Dickinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-20-4881		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Dickinson 1244 So. Vandeventer			
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.		18. CAUSE OF DEATH MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) <i>External hemorrhage following shotgun wound of right upper abdomen shot by wife Haim with load Missey in home at 1850 So. 23rd St., around 6:45 pm</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Feb 10 1950 Missey later shooting self with same shotgun</i>		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION Homicide	
21a. ACCIDENT SUICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 10 50 6:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E 981X</i>			
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 _____, _____, from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <i>Clara Mary Duff Coron</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 14 50		24c. NAME OF CEMETERY OR CREMATORY Private Demetery		24d. LOCATION (City, town, or county) (State) Potosi, Mo.	
DATE REC'D BY LOCAL REG. FEB 13 1950		REGISTRAR'S SIGNATURE <i>J B Lacate</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und., Co 7420 Michigan Ave.			

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

1444444

Hand

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 *J. Morris*

Licensed Embalmer No. *3360*

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.