

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29851

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Filed Oct 10 1950
Sept 29, 1950
Local Registrar

BIRTH NO. _____ NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Local Registrar Crawford</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Crawford</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Miamie</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>R.F.D # 2 Rural Miamie</i>	
c. LENGTH OF STAY (In this place) <i>8 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <i>Samuel</i> b. (Middle) <i>Albert</i> c. (Last) <i>Dicus</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 21 1950</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Dec 23 1894</i>
9. AGE (In years last birthday) <i>55</i>		IF UNDER 1 YEAR <i>5</i> Days	IF UNDER 1 HRS. <i>28</i> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Davisville Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Samuel Calvin Dicus</i>	
13b. MOTHER'S MAIDEN NAME <i>Rasala Jane Burns</i>		14. NAME OF HUSBAND OR WIFE <i>Elsie Edith Dicus</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>AAF 488-14-9705</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Elsie Edith Dicus Steelville</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Suffered heart attack</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) <i>Has been suffering with</i> DUE TO (c) <i>Heart trouble since first discovered</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>in Veteran Hospital in 1942</i>		4343	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:30 A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <i>Paul A Shanklin Coroner</i>		23b. ADDRESS <i>Cuba Mo</i>	23c. DATE SIGNED <i>6/21/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-25-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Steelville Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Steelville Mo</i>
DATE REC'D BY LOCAL REG. <i>6-29-50</i>	REGISTRAR'S SIGNATURE <i>W. Gibbs</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>L. J. Jones</i>	ADDRESS <i>Steelville Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1950

OCT 10 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

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.