

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38060

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE	
c. LENGTH OF STAY (in this place) LIFE TIME		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MILES b. (Middle) c. (Last) DICKSON			4. DATE OF DEATH (Month) (Day) (Year) NOV. 5 1950		
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JAN. 15 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAMES DICKSON		13b. MOTHER'S MAIDEN NAME RACHEL VIRGINIA McVEY		14. NAME OF HUSBAND OR WIFE Lois FRANCES Dickson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CLIDE DICKSON UNIONVILLE: MO	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 20, 1950, to Nov. 5, 1950, that I last saw the deceased alive on Nov. 5, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE L. W. Mc Donald (Degree or title)		23b. ADDRESS Do St Unionville, Mo.		23c. DATE SIGNED 11-7-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 8 1950		24c. NAME OF CEMETERY OR CREMATORY DICKSON CEMETERY	
				24d. LOCATION (City, town, or county) (State) PUTNAM CO. MO.	

DATE REC'D BY LOCAL REG. 11-16-50		REGISTRAR'S SIGNATURE Marvill Durbin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY J. W. Comstock UNIONVILLE MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1861

Date Received: NOV 22 1987
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1987
Date Filed: NOV 25 1987

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

Richard P. Cassidy

Signed.....
Student Embalmer

Licensed Embalmer No.

4617

P. O. Address

Shonville, W

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.