

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21874**
Registrar's No. **33**

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4535**

1. PLACE OF DEATH
a. COUNTY **Washington**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mineral Point**
c. LENGTH OF STAY (In this place) **5 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Washington**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mineral Point** **1100**
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) **Ray** b. (Middle) **Thomas** c. (Last) **Dickinson**

4. DATE OF DEATH (Month) (Day) (Year)
June 11 1951

5. SEX **Male**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
April 27 1907

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
44 1 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Washington Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.G.

13a. FATHER'S NAME
Charles Dickinson

13b. MOTHER'S MAIDEN NAME
Anna Wickham

14. NAME OF HUSBAND OR WIFE
Virginia Dickinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Anna Dickinson Mineral Point 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Diabetes**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
260X

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/1 1950** to **6/11 1951**, that I last saw the deceased alive on **6/11 1951**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE
L. H. Presswell M.D.

23b. ADDRESS
Paterson

23c. DATE SIGNED
6/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
6-14-51

24c. NAME OF CEMETERY OR CREMATORY
Oakland Cemetery

24d. LOCATION (City, town, or county) (State)
Jefferson Co Mo.

DATE REC'D BY LOCAL REG.
6/16/51

REGISTRAR'S SIGNATURE
Herbert Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Luther Spahn Paterson Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 17 1951

WASH. COUNTY HEALTH DEPT.

File No. 651-207

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 Murphy Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.