

FILED SEP 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29188
Registrar's No. 170

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Osage</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Marshall 10-1-9</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Marshall 0790</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Immogene D. Dickey</i>		d. STREET ADDRESS (If rural, give location) <i>—</i>	
3. NAME OF DECEASED (Type or Print) <i>Immogene D</i>		a. (First) <i>Immogene</i> b. (Middle) <i>D</i> c. (Last) <i>Dickey</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 3 1951</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>Fair White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Jan 9 1935</i>
9. AGE (In years last birthday) <i>22 1/2</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Patient</i>	11. BIRTHPLACE (State or foreign country) <i>Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>unmarried</i>	
13b. MOTHER'S MAIDEN NAME <i>Floyd Dickey</i>		14. NAME OF HUSBAND OR WIFE <i>unmarried</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mo State School Marshall Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Status Epilepticus</i> ANTECEDENT CAUSES <i>Epilepsy</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) <i>3532</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>Nov</i> , 1950 to <i>Sept 3</i> , 1951, that I last saw the deceased alive on <i>Sept 3</i> , 1951, and that death occurred at <i>10:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>C. E. Sulzer MA</i> (Degree or title)		23b. ADDRESS <i>Marshall Mo</i>	23c. DATE SIGNED <i>9-6-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 7, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mo. State School cemetery, Marshall, Mo.</i>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <i>Sept. -6-1951</i>	REGISTRAR'S SIGNATURE <i>Sidney F. Gray</i>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>385 Campbell & Lewis - Marshall, Mo</i>	

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

RECEIVED 9-10-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-10-51 _____

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.

Signed James N. Lewis _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4709 _____

P. O. Address Marshall, 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.