

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29966

774

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | d. STREET ADDRESS (If rural, give location) 1818 e. Turner | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W ILLIAM c. (Last) DICK | | | 4. DATE OF DEATH (Month) (Day) (Year) 9-8-51 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 6 1897 |
| 9. AGE (In years last birthday) 54 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent | 11. BIRTHPLACE (State or foreign country) Butler Co. Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Thomas M. Dick | | 13b. MOTHER'S MAIDEN NAME Gertrude Hamm | 14. NAME OF HUSBAND OR WIFE Hazel Dick |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John M. Dick Sedilia Missouri |
| 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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 447X | 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) (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 4-5, 1950 , to 9-8, 1951 , that I last saw the deceased alive on 9-8, 1951 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) J. P. Hooper M.D. | | 23b. ADDRESS Springfield, Mo. | 23c. DATE SIGNED 9-8-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9-8-51 | 24c. NAME OF CEMETERY OR CREMATORY Topeka Kansas |
| 24d. LOCATION (City, town, or county) (State) Topeka, Kansas | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Blinger & Co. Topeka Mo. | |
| DATE REC'D BY LOCAL REG. 9-8-51 | | REGISTRAR'S SIGNATURE W. E. Handley M.D. | |

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

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 Max Rhodes

Licensed Embalmer No. 40711

P. O. Address Springfield

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.