

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30759**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3839** Registrar's No. **4443**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salt Creek Twp. 0210	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) East of Mendon, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis			

3. NAME OF DECEASED (Type or Print)	a. (First) Goerge	b. (Middle) Cleveland	c. (Last) Dick	4. DATE OF DEATH (Month) (Day) (Year) Sept 11, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1883	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR 10 Months 3 Days	11. UNDER 48 HRS. 3 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Linn County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Dick	13b. MOTHER'S MAIDEN NAME Mary Armstrong	14. NAME OF HUSBAND OR WIFE Grace Dick
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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. None	17. INFORMANT'S SIGNATURE OR NAME Ola Dick ADDRESS Mendon, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) C. insufficiency		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-1-1950** to **9-11-1951**, that I last saw the deceased alive on **9-11-1951**, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) M.D. Marceline, MO	23b. ADDRESS MO 9-51	23c. DATE SIGNED 9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/14/51	24c. NAME OF CEMETERY OR CREMATORY Rosehill	24d. LOCATION (City, town, or county) (State) Brookfield, Missouri
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DATE REC'D BY LOCAL REG. 9/13/51	REGISTRAR'S SIGNATURE Mary Jane [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE James Mangalis ADDRESS Marceline
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(Licensed Embalmer's Statement on Reverse Side)

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

05810

Date Received: SEP 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-16
Date Filed: SEP 17 1951

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.....
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marion, 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.