S. No. 300
. 10-48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36782

BIRTH NO. 10-30-51 REG. DIST. NO. G3 PRIMARY REG. DIST. NO. 4155 Registrar's No. 72

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

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everton Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everton Mo. 0290
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Newton
c. (Last): Dickinson

4. DATE OF DEATH (Month) (Day) (Year): Oct 27 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 12-20-1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 10, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Gooding Ind. /
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Albert Dickinson
13b. MOTHER'S MAIDEN NAME: Hattie Huyck Dickinson
14. NAME OF HUSBAND OR WIFE: Viva Ann Dickinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: MrsTom Hankins Everton Mo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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: 331X
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) m.
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* April 18th, 1951, *to* 10-27, 1951, *that I last saw the deceased alive on* 10-26-, 1951, *and that death occurred at* 9:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max Heilbrunn MD
23b. ADDRESS: Lockwood, Mo
23c. DATE SIGNED: 10-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial //
24b. DATE: 10-30-51
24c. NAME OF CEMETERY OR CREMATORY: Orange
24d. LOCATION (City, town, or county) (State): Aurora, Mo.

DATE REC'D BY LOCAL REG.: 10-30-51
REGISTRAR'S SIGNATURE: Geo E. Weir 79
25. FUNERAL DIRECTOR'S SIGNATURE: Clarence L. Robertson — ADDRESS: Picher, Okla.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 5 1951
Dist. File 1151-2016
Date Filed 11-15-51

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clarence L Roberson

Signed.....
Student Embalmer

Licensed Embalmer No. 1289

P. O. Address Picher, Okla

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.