

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 28 1952

396

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

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>63</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>1 year</u> | | c. CITY OR TOWN <u>Springfield</u> | | d. STREET ADDRESS (If rural, give location) <u>220 West State</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>220 West State</u> | | | | d. STREET ADDRESS (If rural, give location) <u>220 West State</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>DICKINSON</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>January 20, 1952</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Nov 3, 1864</u> | | 9. AGE (In years last birthday) <u>87</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>New York</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Greene Co., Welfare Office, Springfield</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u> | | ANTECEDENT CAUSES (Specify) <u>(Likely Myocardial Insufficiency)</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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 _____ | | | | 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 _____ to _____, 19____, and that death occurred at <u>5:30P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>James P. Amos</u> | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>1/21/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 25, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-23-51</u> | | REGISTRAR'S SIGNATURE <u>James P. Amos MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeiser</u> | | ADDRESS <u>Springfield, Mo.</u> | |

Al...
M...
V...

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 Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4298

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.