S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27722

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 739-C

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 18 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brighton 0840
d. STREET ADDRESS (If rural, give location): ~~St. Johns Hospital~~

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

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 22 1933
9. AGE (In years last birthday): 19 — If under 1 year: Months 1 Days 13 — If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (City and State or Foreign Country): Polk County Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: H. E. Dickinson
13b. MOTHER'S MAIDEN NAME: Ida Bridges
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-34-2223
17. INFORMANT'S SIGNATURE OR NAME: Mr. H. E. Dickinson ADDRESS: Brighton Mo

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) Ruptured Liver + Spleen — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 8-3-52
19b. MAJOR FINDINGS OF OPERATION: Ruptured Liver + Spleen
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greene, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-3-52 10 pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto Hit Truck

22. I hereby certify that I attended the deceased from 8-3-, 1952, to 8-4-, 1952, that I last saw the deceased alive on 8-4-, 1952, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Joseph N. Hills M.D.
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 8-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 7/52
24c. NAME OF CEMETERY OR CREMATORY: Brighton Cemetery
24d. LOCATION (City, town or county) (State): Brighton Mo

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Faith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: Erwin Blue ADDRESS: Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.