

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22045

State File No. _____

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BIRTH NO. 67265 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Township - Rural</u> <u>0890</u>	
c. LENGTH OF STAY (In this place) <u>15 min.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles south of Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BARBARA</u>	b. (Middle) <u>GAYLE</u>	c. (Last) <u>DICKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 27, 1953</u>	9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Mins. <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James T. Dickson</u>	13b. MOTHER'S MAIDEN NAME <u>Roberta E. Eberting</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James T. Dickson, Richmond, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Trauma at birth</u>		
DUE TO (c) <u>Band's internal contraction ring</u>		<u>20 minutes</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Placenta circumvallata</u>		<u>20 minutes</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7600</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6/27, 1953, to 6/27, 1953, that I last saw the deceased alive on 6/27, 1953, and that death occurred at 3:30a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Masterson, MD</u> (Degree or title)	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>6/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-1-53</u>	REGISTRAR'S SIGNATURE <u>M. L. Masterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>	ADDRESS <u>Richmond, Mo.</u>
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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.

Body was not embalmed.

Signed Tom L. Husman

Student
Student Embalmer

Licensed Embalmer No. 1563

P. O. Address Richmond, 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.