

No. 300
10-48
0220

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4289

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 5260 PRIMARY REG. DIST. NO. 67 Registrar's No.

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Chadwick		c. LENGTH OF STAY (In this place) 3 Years	c. CITY OR TOWN "Rural" wick
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Nephew Charles Atkinson		e. STREET ADDRESS (If rural, give location) One Mile North of Chadwick	

3. NAME OF DECEASED (Type or Print) MAY	a. (First) --	b. (Middle) --	c. (Last) DISHMAN	4. DATE OF DEATH Jan. 30-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 21-1870	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months 8	11. IF UNDER 24 HRS. Days 9	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Strafford, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME R. M. Jones	13b. MOTHER'S MAIDEN NAME Nancy H. Anderson	14. NAME OF HUSBAND OR WIFE J. R. Dishman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Mrs. M. L. Atkinson, Chadwick, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Poisoning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephrosclerosis DUE TO (c) Vascular Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Dec 21, 1953, to Jan 30, 1954, that I last saw the deceased alive on Jan 27, 1954, and that death occurred at 6:40pm from the causes and on the date stated above.

23a. SIGNATURE Dr. Warren H. Wilson	(Degree or title) 23b. ADDRESS Santa Fe	23c. DATE SIGNED Feb 12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2-1954	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. February 16, 54	REGISTRAR'S SIGNATURE Helen Blewins	454	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed..... *John Ream Harris*

Licensed Embalmer No. *4390*

P. O. Address..... *Clover, Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.