

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21808

State File No. 25

FILED JUN 28 1954

1050
21-50

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

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRIS, MO Milan</u>		c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN, MISSOURI</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY MEMORIAL</u>				d. STREET ADDRESS (If rural, give location) <u>MILAN, MISSOURI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>DICKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 17 54</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-12-1869</u>		9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>10</u>	11. YEAR <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>WINTERSVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM DICKERSON</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY PAUL</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE DICKERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>NANNIE KING</u> ADDRESS <u>GREEN CITY, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11</u> 19 <u>53</u> , to <u>6/17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/17</u> , 19 <u>54</u> , and that death occurred at <u>MISSOURI</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Col. W. H. Harris</u> (Degree or title) _____				23b. ADDRESS <u>Harris, Mo</u>		23c. DATE SIGNED <u>6/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 20 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>THOMAS UNION</u>		24d. LOCATION (City, town, or county) (State); <u>SULLIVAN CO MO</u>		
DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leggess Funeral Home, Milan</u>		ADDRESS _____	

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
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

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.