

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

FILED JUN 16 1954		STANDARD CERTIFICATE OF DEATH		State File No. 21898	
BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 6734 Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural (Elkhorn))		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.R.#3 Warrenton, Mo.			No. STREET ADDRESS (If rural, give location) Southwest of Warrenton 1090		
3. NAME OF DECEASED (Type or Print) a. (First) Fred			b. (Middle) _____	c. (Last) Dickmeyer	4. DATE OF DEATH (Month) (Day) (Year) June 5, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 13, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Dickmeyer		13b. MOTHER'S MAIDEN NAME Louisa Cloka		14. NAME OF HUSBAND OR WIFE Pauline Greer, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-20-7847	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Dickmeyer, Warrenton, 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) Gastric Carcinoma ANTECEDENT CAUSES 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 _____
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) 151 X		
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 May 30, 1954 , to 6-5, 1954 , that I last saw the deceased alive on 6-3, 1954 , and that death occurred at 2 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) A. N. MacRae D.O.		23b. ADDRESS Warrenton Mo.		23c. DATE SIGNED 6-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Missouri		
DATE REC'D BY LOCAL REG. 6-8-54	REGISTRAR'S SIGNATURE Floyd Logan 421-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.		

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 Thieburg*.....
Licensed Embalmer No. *389*.....

P. O. Address *Warrenton*.....

**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.**