

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22272

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 232			
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton			c. LENGTH OF STAY in this place 1 Day	c. CITY OR TOWN Bachelor		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY CO. HOSPITAL				e. STREET ADDRESS R. F. D. #1				0140 1	
3. NAME OF DECEASED (Type or Print) MARY			a. (First)	b. (Middle) S	c. (Last) DICKSON		4. DATE OF DEATH (Month) (Day) (Year) 7 30 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-20-1870		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 6	IF UNDER 10 HRS. Days 10	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Mo. FRANKLIN COUNTY		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Nelson Stevens			13b. MOTHER'S MAIDEN NAME Phebe Johnson			14. NAME OF HUSBAND OR WIFE Ben F Dickson			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Dunakey Sullivan 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					INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Ulcer					2 to 3 yrs	
			DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility						
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) —		151X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) —		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 July 29, 1954, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 9:10 A. M., from the causes and on the date stated above.									
23a. SIGNATURE Lloyd E. Hutchins, D.O.				(Degree or title)		23b. ADDRESS Fulton, Mo		23c. DATE SIGNED 7/30/1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-1954	24c. NAME OF CEMETERY OR CREMATORY Morrellton			24d. LOCATION (City, town, or county) (State) Morrellton Mo.			
DATE REC'D BY LOCAL REG. Aug 2-1954		REGISTRAR'S SIGNATURE Martha Lawrence			426		25. FUNERAL DIRECTOR'S SIGNATURE Thos P Shaffer		
							ADDRESS Sullivan Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 MR....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul F. Knollenberg.....

Licensed Embalmer No. 263

P. O. Address Sullivan.....

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.