

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 662 Registrar's No. 30

1. PLACE OF DEATH  
a. COUNTY Stone  
b. CITY OR TOWN Reeds Springs  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE Mo. b. COUNTY Stone  
c. CITY OR TOWN Reeds Springs d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) \_\_\_\_\_ 1040

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Dickens 4. DATE OF DEATH (Month) (Day) (Year) Aug 31-1954

5. SEX m 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH March 18-1875 9. AGE (In years, last birthday) 79-5-13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Denver Ark 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert W Dickens 13b. MOTHER'S MAIDEN NAME Martha 13c. NAME OF HUSBAND OR WIFE Nancy Elizabeth Dickens

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. no 17. INFORMANT'S SIGNATURE OR NAME Mr. Claude Dickens ADDRESS Reeds Springs

18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Mitral Insufficiency  
ANTECEDENT CAUSES (b) Rheumatism  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Renal Calcic & Kidney Stone  
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)  
19. INTERVAL BETWEEN ONSET AND DEATH 1 yr  
2 yrs  
3 wks

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  727 X

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from Aug 15, 1954, to Aug 31, 1954, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE R S Shumate MD (Degree or title) 23b. ADDRESS Reeds Springs Mo 23c. DATE SIGNED 9/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 5-1954 24c. NAME OF CEMETERY OR CREMATORY Denver Ark 24d. LOCATION (City, town, or county) (State) Denver Ark

DATE REC'D BY LOCAL REG. Sept. 4-54 REGISTRAR'S SIGNATURE Mrs. J. Elmer Brannon 317-0 25. FUNERAL DIRECTOR'S SIGNATURE Everett L. Cheatham ADDRESS Halena Mo.

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

Student.....  
Signature of Student Embalmer

Signed *Everett J. Cheatham*.....

Licensed Embalmer No. *3870*.....

P. O. Address *Galena, Ill.*.....

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.

*W. M. M. M.*

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