

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22878

| | | | | |
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| BIRTH NO. | | REG. DIST. NO. 209 | PRIMARY REG. DIST. NO. 3043 | Registrar's No. 206 |
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Hannibal | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital | | e. STREET ADDRESS (If rural, give location) 819 Ely St. 06470 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) AMOS | | b. (Middle) DAVID | c. (Last) DICKERSON | 4. DATE OF DEATH (Month) (Day) (Year) July 12, 1955 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH May 8, 1871 | 9. AGE (In years less birthday) 84 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Roanoke, Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME not known | | 13b. MOTHER'S MAIDEN NAME not known | 14. NAME OF HUSBAND OR WIFE Mary Elizabeth Dickerson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. H. White, 819 Ely, Hannibal, 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 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) | | |
| 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? | | |
| 22. I hereby certify that I attended the deceased from July 12, 1955, to July 12, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 p.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) | | 23b. ADDRESS (City, town, or county) (State) DATE SIGNED July 19/55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 7/14/55 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 24d. LOCATION (City, town, or county) (State) Hannibal, Missouri | |
| DATE REC'D BY LOCAL REG. July 19-1955 | REGISTRAR'S SIGNATURE Hem Luder By HCF Fisher | 189-0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jack Schenck 1000 Parkway | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 22 1955
MARION CO. HEALTH DEPT.
DATE FILED JUL 22 1955

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 *Jack Schwartz*.....
Licensed Embalmer No. *4900*.....
P. O. Address *Hannibal*.....

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.