

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28907

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lamar</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>Lamar</u>		d. In 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 <u>At Home</u>				e. STREET ADDRESS (If rural, give location) <u>901 Jefferson</u> 006/2			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLIS</u>		b. (Middle) <u>E.</u>		c. (Last) <u>DICKEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 8, 1864</u>	
9. AGE (in years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith, Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding Shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Dickey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Schrilda Eltie Dickey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Orville Dickey Lamar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lower lip</u> ANTECEDENT CAUSES DUE TO (b) <u>metastases to lymphoid glands.</u> 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>1 yr.</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) <u>191 X</u>			
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>Aug 1, 1955</u> , to <u>Sept 10, 1955</u> , that I last saw the deceased alive on <u>Sept 10, 1955</u> , and that death occurred at <u>9:15 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Beckel, M.D.</u> (Degree or title)				23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>Sept 10/1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>SEP 12 1955</u>		REGISTRAR'S SIGNATURE <u>Marie Konan</u> 14-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Funeral Home, Lamar, Mo.</u>			

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

Dr. [unclear]

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 *Clarence W. Chiles*

Licensed Embalmer No. *347*

P. O. Address *Lima, W.*

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.