

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29980

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 130	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JASPER		b. CITY (If outside corporate limits, write RURAL and give township) RURAL MINERAL TWP.		c. CITY OR TOWN SPRINGFIELD		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 MI WEST HWY 96 & D				STREET ADDRESS (If rural, give location) RURAL RT # 11			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) RALPH		b. (Middle) WILLIAM		c. (Last) DICKENS		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEBRUARY 21, 1922		9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JACK DICKENS		13b. MOTHER'S MAIDEN NAME GERTRUDE GARRISON	
14. NAME OF HUSBAND OR WIFE Lena Verna Dickson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.2		16. SOCIAL SECURITY NO. 500-12-8048		17. INFORMANT'S SIGNATURE OR NAME Harry Dickson R# Springfield Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries multiple Extremes		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				87 1/2	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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) Accident State Highway # 96		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway # 96		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mineral Jasper Mo.	
21d. TIME OF INJURY 9-6-55 6:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Wood fell out of tractor & crushed			
22. I hereby certify that I attended the deceased from <u>Did not attend</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7</u> , 19 <u>55</u> , and that death occurred at <u>7</u> AM, from the causes and on the date stated above.							
23a. SIGNATURE Lester Lewis Webb				23b. ADDRESS Jasper Mo		23c. DATE SIGNED 9/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-9-1955		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO	
DATE REC'D BY LOCAL REG. 9-15-55		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1955

OCT 23 1955

SEP 23 1955

Jasper County Health Office
County File Number 55-9-1038
Date Filed SEP 19 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 James Lewis

Licensed Embalmer No. 456

P. O. Address Webb

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.