

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33806

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) rural-Madison Twsp		c. LENGTH OF STAY (in this place) 6 mos	c. CITY OR TOWN Madison Township
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Carthage		STREET ADDRESS (If rural, give location) Carthage Route 1 2490	

3. NAME OF DECEASED (Type or Print) a. (First) KATIE	b. (Middle)	c. (Last) DICKMAN	4. DATE OF DEATH (Month) (Day) (Year) Oct 11, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Alexandria, So. Dakota	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Reiner	13b. MOTHER'S MAIDEN NAME Elizabeth Whitman	14. NAME OF HUSBAND OR WIFE Harry Dickman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 509-32-9973	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Klump, Rte 1, Carthage, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis primary in cecum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		153x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Nov '54	19b. MAJOR FINDINGS OF OPERATION ca of cecum with metastases to liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug '55, to Oct 11, 1955, that I last saw the deceased alive on 11 Oct '55, 1955, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Ryan MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 10-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-12-55	24c. NAME OF CEMETERY OR CREMATORY Bowdle Cemetery	24d. LOCATION (City, town, or county) (State) Bowdle, So. Dakota
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DATE REC'D BY LOCAL REG. 10-12-55	REGISTRAR'S SIGNATURE W. H. Clutter 139-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County: \_\_\_\_\_  
Date Filed: 001241955

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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..... *Frank W. Kell*

Licensed Embalmer No. 4440

P. O. Address Carthage,

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.