

FILED OCT 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35603

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 hr.</u>		e. STREET ADDRESS (If rural, give location) <u>R#2 Salt Fork TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Mem. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>LUTHER</u>		b. (Middle) <u>JAMES</u>	
c. (Last) <u>DICKERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 11, 1939</u>
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student - Marshall High School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Prescott, Arizona</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Luther Dickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Alva Mae Goodwin</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</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>493-38-4474</u>		17. INFORMANT'S SIGNATURE OR NAME #2 ADDRESS <u>Luther Dickerson Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide, by gun shot wound</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>976X</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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Fork Saline Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 - 12. 55 12 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>	
22. I hereby certify that I attended the deceased from <u>hall hearing</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.L. Lawless M.D. Coroner Saline Co. Marshall Mo.</u>		23b. ADDRESS <u>Marshall Mo.</u>	
23c. DATE SIGNED <u>10-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-19-55</u>	REGISTRAR'S SIGNATURE <u>Cecil J. Reed / Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>	ADDRESS <u>Marshall, Mo.</u>

**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.....  
*Joseph R. Mackler*

Licensed Embalmer No. *457*

P. O. Address.....  
*Mensha*

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.