

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36389

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5361 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Jackson Twp. c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rural Jackson Twp 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 6 Miles S.E. Jamesport, Mo		STREET ADDRESS (If rural, give location) 6 Miles S. E. Jamesport, Mo	
3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) McLee c. (Last) Dickinson		4. DATE OF DEATH (Month) (Day) (Year) December 3 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23 1879
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 76 Days	IF UNDER 24 HRS. Hours 76 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Daviess Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James W. Dickinson		13b. MOTHER'S MAIDEN NAME Jessie Florence Stout	
14. NAME OF HUSBAND OR WIFE Amanda Dickinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lewis Cox, Gallatin, Missouri		ADDRESS Mrs. Lewis Cox, Gallatin, Missouri	
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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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)		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 Oct 15 , 1955, to Dec 3 , 1955, that I last saw the deceased alive on Dec 3 , 1955, and that death occurred at 10:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. S. Bailey (Degree or title)		23b. ADDRESS Jamesport, Mo	
23c. DATE SIGNED 12-7-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-1955	
24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Daviess Co., Missouri	
DATE REC'D BY LOCAL REG. 12-7-1955		REGISTRAR'S SIGNATURE Virginia M. Engelhart	
25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS Gallatin, Mo.	
L. O. Richesson		O. Richesson	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

9300

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
L. O. Nicholas

Licensed Embalmer No. 330

P. O. Address *Gallatin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.