

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36419

State File No. 755

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett	c. LENGTH OF STAY (In this place) 10 days	c. CITY OR TOWN Clarkton	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 Dunklin County Memorial Hosp.		f. STREET ADDRESS (If rural, give location) 030 0	

3. NAME OF DECEASED (Type or Print) a. (First) Lexey b. (Middle) E. c. (Last) Dickerson	4. DATE OF DEATH 12-1-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-24-1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 4 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Dickerson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Artie M. Dickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Belle Day Clarkton, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary abscess, at lower lobe		INTERVAL BETWEEN ONSET AND DEATH 2 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia.		
	DUE TO (c) 521X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Papilloeplasia, leudennum with hemorrhage		6 mos	

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 **Nov 1, 1955**, to **Dec 1, 1955**, that I last saw the deceased alive on **Dec 1, 1955**, and that death occurred at **2:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles M. Mohler, M.D.	23b. ADDRESS Smith, Mo	23c. DATE SIGNED 12-3-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-3-1955	24c. NAME OF CEMETERY OR CREMATORY Tucker Cemetery	24d. LOCATION (City, town, or county) (State) Near Campbell, Mo.
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DATE REC'D BY LOCAL REG 12-3-1955	REGISTRAR'S SIGNATURE Earle H. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wayde Lussell Piggott, etc
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-5-51
COUNTY FILE NUMBER 1255

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 *Lloyd Russell*.....
Licensed Embalmer No. 2509

P. O. Address *Piggott, Mo.*

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.