No. 300
10.48

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3945

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 815 Henry St.

0 12 70

3. NAME OF DECEASED (Type or Print): a. (First) Claud b. (Middle) Lee c. (Last) Dickey

4. DATE OF DEATH (Month) Feb. (Day) 20, (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1915
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintence Man
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (City and State or Foreign Country): Qulin Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John Dickey
13b. MOTHER'S MAIDEN NAME: Clema Wagster
14. NAME OF HUSBAND OR WIFE: Lettie Dickey

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.: 488-18-4665
17. INFORMANT'S SIGNATURE OR NAME: Lettie Dickey — ADDRESS: Poplar Bluff Mo.

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): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Failure
DUE TO (c): Cardiac Decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bilateral Hydronephrosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9-, 1956, *to* 2-20-, 1956, *that I last saw the deceased alive on* 3-20, 1956, *and that death occurred at* 11:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A D Marke MD
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 2/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 22, 1956
24c. NAME OF CEMETERY OR CREMATORY: Browns Chapel
24d. LOCATION (City, town, or county) (State): Broseley Mo.

DATE REC'D BY LOCAL REG.: 2/24/56
REGISTRAR'S SIGNATURE: B K Mintree MD 489-24
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Russell Mortuary Piggott Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 27 1956
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....me....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed....Leroy J. Tyler....

Licensed Embalmer No. 494

P. O. Address Piggott

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