

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **12021**  
**54**

**FILED APR 2 - 1956**

BIRTH NO. **2158256** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Scott</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY OR TOWN <b>Sikeston</b>	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) <b>23 Min.</b>		e. STREET ADDRESS (If rural, give location) <b>Route #4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Wilbur</b>	b. (Middle) <b>Gene</b>	c. (Last) <b>Dirickson, Jr.</b>	(Month) <b>3</b>	(Day) <b>19</b>	(Year) <b>1956</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>3-19-1956</b>		<b>9. AGE</b> (In years last birthday) <b>1</b> Months <b>—</b> Days <b>—</b> Hours <b>—</b> Min. <b>23</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>0</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>0</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>0</b> <b>Sikeston, Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Wilbur Gene Dirickson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Wanda Fern Ford</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>0</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>0</b> (If yes, give war or dates of service) <b>0</b>	<b>16. SOCIAL SECURITY NO.</b> <b>0</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Wilbur Dirickson, Rt. #4, Sikeston, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>15 min.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Asmatia - 7 mo.</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Infant had heart beat for 20 minutes. No respiration.</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>776x</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 3-19, 1956, to 3-19, 1956 that I last saw the deceased alive on 3-19, 1956 and that death occurred at 11:30 A. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>E. D. Urban</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Sikeston, Missouri</b>	<b>23c. DATE SIGNED</b> <b>3-20-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-20-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New Morley</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Morley, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-21-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Della Hunter</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Funeral Home</b>	<b>ADDRESS</b> <b>Sikeston</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED

MAR 26 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No.

356-29

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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

*J. S. Quinn*

Licensed Embalmer No. 46

P. O. Address Charleston

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.