

FILED MAY 29 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17480

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS 0942</u>		2. USUAL RESIDENCE (Where deceased before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>Flat River</u>		c. CITY OR TOWN <u>Flat River</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Robert</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Dickey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17, 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 13, 1884</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>6</u>		11. DAYS <u>4</u>		12. IF UNDER 1 YEAR Hour <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Belegrade, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>JAMES Dickey</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Dickey</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>487-18-9189</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delno Dickey Elmore, mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severed blood vessels in neck.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>neck.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Carotid Juxta Verdict: by taking his own life.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>977x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>same</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Flat River St. Francois, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17, 1956</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 knife wound cutting neck</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bert Miller</u>		(Degree or title) <u>Coroner Farmington Mo</u>		23b. ADDRESS <u>518 1/2</u>		23c. DATE SIGNED <u>5/18/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAY 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LEADINGTON, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>5-18-56</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell Flat River, Mo.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

9-3

JUN 4 1956

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 *R. Caldwell*

Licensed Embalmer No. *25*

P. O. Address *Flat R*

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