

FILED SEP 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31648**

BIRTH NO. _____		REG. DIST. NO. <b>275</b>		PRIMARY REG. DIST. NO. <b>3053</b>		Registrar's No. <b>171</b>	
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). - a. STATE <b>Missouri</b> - b. COUNTY <b>Phelps</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>Rolla</b> <b>6 months</b>		c. CITY OR TOWN <b>Rolla</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>207 East 2nd St.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GUY</b>			b. (Middle) <b>THOMAS</b>		c. (Last) <b>DICK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14, 1956</b>
5. SEX <b>Male</b> <input type="checkbox"/> <b>Female</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 2, 1890</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b>12</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chef</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Hospital</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Doniphan, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Benjamin M. Dick</b>			13b. MOTHER'S MAIDEN NAME <b>Bridgett O'Neil</b>		14. NAME OF HUSBAND OR WIFE <b>Marie O'Neil</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-6043</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marie O'Neil Dick, 207 E. 2nd Rolla</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ca of pancreas</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <b>141</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>past year</b> , 19____, to _____, 19____, that I last saw the deceased alive on <b>9-14, 1956</b> , and that death occurred at <b>1:24 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. E. Farnid M.D.</b> (Degree or title)					23b. ADDRESS <b>Rolla Mo.</b>		23c. DATE SIGNED <b>9-19-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 16, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Sept. 21, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nuld &amp; Sons Funeral Home</b> By <b>S. E. V. Stoll</b>			ADDRESS <b>Rolla, Mo.,</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer;

County File Number 527

Date Filed SEP 24 1956

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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 S. E. V. [Signature]

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.