

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1956

State File No. 32816

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 148	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN Arrow Rock		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital				e. STREET ADDRESS (If rural, give location) Streets not numbered 0970			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle) Henry		c. (Last) Dickson	
4. DATE OF DEATH Sept. 20, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH July 21, 1884		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR 1		11. UNDER 1 HRS. 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Supt.		10b. KIND OF BUSINESS OR INDUSTRY Commissary Co.		11. BIRTHPLACE (City and State or Foreign Country) Arrow Rock, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph R. Dickson		13b. MOTHER'S MAIDEN NAME Laura Wilhelm		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 466-07-2401		17. INFORMANT'S SIGNATURE OR NAME Mrs. Watson Diggs			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Biliary obstruction DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION 9-17-56		19b. MAJOR FINDINGS OF OPERATION Obstruction of biliary duct				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 9-1-56, to 9-20-56, that I last saw the deceased alive on 19-56, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE John R. Lawrence		(Degree or title) M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 9-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 22, 1956		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri	
DATE REC'D BY LOCAL REG. 9-21-56		REGISTRAR'S SIGNATURE Cecil G. Read		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

James A. Lewis Jr.

Licensed Embalmer No. *4709*

P. O. Address *Marshall, W.*

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.