

FILED NOV 7-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34872**

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 5836		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Neosho		c. LENGTH OF STAY (If in hospital) 111		c. CITY OR TOWN Neosho		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Rt. # 5, Neosho				e. STREET ADDRESS (If rural, give location) Rt. # 5, Neosho, Mo. 0730			
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) Ray		c. (Last) Dicus		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married		8. DATE OF BIRTH Sept. 25, 1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR 0 Months 28 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Granby, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles E. Dicus			13b. MOTHER'S MAIDEN NAME Margaret Friend		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles E. Dicus, Neosho, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Palsy - Cerebral atrophy, Congenital ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	
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 3-16-56 to Aug. 5, 1956 that I last saw the deceased alive on Aug. 5, 1956 , and that death occurred at 8:15a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Melvin C. Bowman				23b. ADDRESS Neosho Mo		23c. DATE SIGNED Oct 26, 1956	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Oct. 25, 56	24c. NAME OF CEMETERY OR CREMATORY Kinney Cemetery		24d. LOCATION (City, town, or county) (State) Newton County, Missouri		
DATE REC'D BY LOCAL REG. 10-27-56		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mortuary, Neosho, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton
District File Number 1156-182
Date Filed NOV 8 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..... Cecil A. Howdell

Licensed Embalmer No. 3590

P. O. Address Joplin

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.