

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44422

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>3 wks.</u>	c. CITY OR TOWN <u>Arrow Rock</u>	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 <u>Fitzgibbons Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0910</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lester Newton</u>	b. (Middle) <u>Dickson</u>	c. (Last) <u>Dickson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19-1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Aug. 24-1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Tom Dickson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Leffler</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Taylor, R.F.D. Slater, Mo.</u>	ADDRESS <u>Slater, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia (myelogenous)</u>		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 1, 1956, to Dec 19, 1956, that I last saw the deceased alive on Dec 19, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Lawrence</u>	(Degree or title) <u>D.S.</u>	23b. ADDRESS <u>Marshall, Mo</u>	23c. DATE SIGNED <u>12-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/20/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-21-56</u>	REGISTRAR'S SIGNATURE <u>Cecil J. Lead</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>	ADDRESS <u>Slater, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

G No.

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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 *A. C. Hill*.....

Licensed Embalmer No. *300*.....

P. O. Address *State*.....

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.