

FILED JUL 15 1957

STATE DEPARTMENT OF HEALTH
STATE HEALTH NUMBER

20013

Registration District No. 27 Primary Registration District No. 5078 Registrar's No. 75-

300
1-57

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deepwater Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Spruce Mo 8070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Butler Mo. Rt 2		Length of stay in lb 50 yrs	d. STREET ADDRESS (If outside, give location) Butler Mo RFD #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Isaac Middle Humphrey Last Dickison			4. DATE OF DEATH Month May Day 30 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant		10b. KIND OF BUSINESS OR INDUSTRY grocery	11. BIRTHPLACE (City and state or country) Bates Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Dickison	13b. MOTHER'S MAIDEN NAME Emma Snodgrass	14. NAME OF HUSBAND OR WIFE Mabel Dickison
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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) no	16. SOCIAL SECURITY NO. 487-38-8631	17. INFORMANT Mabel Dickison	Address Butler Mo Rt 2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	334x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, general		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **Jan 10, 57** to **30 May 57** and last saw ^{her}him alive on **Mar 2, 57**
Death occurred at **6:20 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. L. Underwood (Degree or title)	22b. ADDRESS Appleton City Missouri	22c. DATE SIGNED May 30-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/1/57	23c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
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24. FUNERAL DIRECTOR Culver Underwood	ADDRESS Butler Mo	25. DATE RECD. BY LOCAL REG. June 1-57	26. REGISTRAR'S SIGNATURE Rendall Perry
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(Licensed Embalmer - Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 10 1958

VS JUL 13 1959

JAN 3 1962

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 *Robert E. Sturlock*

Licensed Embalmer No. *4657*
P. O. Address *Better, 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.