

Health,
Welfare
Public
Service

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **328333**

Registration District No. **267** Primary Registration District No. **3049** Registrar's No. **146**

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot County Coronial Hospital			Length of stay in 1b 5 Days		d. STREET ADDRESS 804 Laurant Ave.
3. NAME OF DECEASED (Type or print) First Max Middle Edwin Last Dickson			4. DATE OF DEATH Month August Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1899 September 17	9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-keeper		10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and state or country) Union City, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Dickson			14. MOTHER'S MAIDEN NAME Elizabeth Head		
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. 497-01-0618	17. INFORMANT Address Dorothy Schott, Mt. Pulaski, Ill.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE- (a) Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
DUE TO (c) 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none					
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 - Month - Day - Year - a. m. - p. m. -					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 -	
21. I attended the deceased from 8-13-1957 to 8-19-1957 and last saw him ^{her} alive on 8-19-57 Death occurred at XXXX 5:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. J. Aguirre, M.D.</i> (Degree or title)			22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 8-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
24. FUNERAL DIRECTOR H.S. Smith Funeral Home			25. DATE RECD. BY LOCAL REG. 8-24-57		26. REGISTRAR'S SIGNATURE <i>John W. Gorman</i>

(Licensed Embalmer's Statement on Reverse Side)

9-241-57

SEP 16 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. Dewey Fike*

Licensed Embalmer No. *448*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.