THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4078

FILED JAN 27 1958

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall. Mo. Inside Limits Yes # No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbin Hosp Length of stay in Hospital 14 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall, Mo. Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) 584 W. Marion Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print) First Ralph Middle Marion Last Dick

4. DATE OF DEATH Month Jan. Day 23 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Aug. 23-1892
9. AGE (In years last birthday) 65
IF UNDER 1 YEAR Months 5 Days - IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Did not Work-Retired
10b. KIND OF BUSINESS OR INDUSTRY Groceryman
11. BIRTHPLACE (City and state or country) Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M. Dick
14. MOTHER'S MAIDEN NAME Elizabeth Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Edith Dick-Marshall, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 1935, to Jan 23-1958 and last saw ~~not~~ him alive on Jan 23-1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE John R Pierce M.D. (Degree or title)
22b. ADDRESS Marshall Mo
22c. DATE SIGNED 1-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/26/58
23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.
23d. LOCATION (City, town, or county) (State) Marshall, Missouri

24. FUNERAL DIRECTOR J. Leslie Sweeney ADDRESS
25. DATE RECD. BY LOCAL REG. Jan 25-58
26. REGISTRAR'S SIGNATURE Cecil H. Read

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 3 1958

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.....William Freed.....

Licensed Embalmer No...4.7.

P. O. Address Marshall

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.