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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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006563
STATE FILE NUMBER

FILED MAR 10 1958 Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morehouse — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence in Morehouse — Length of stay in Ib 45 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Morehouse — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: JAMES Middle: SYLVESTER Last: DICKERSON
4. DATE OF DEATH Month Feb. Day 17 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 7, 1904
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months 2 Days 10 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (City and state or country) Blodgett, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Dickerson
14. MOTHER'S MAIDEN NAME Anna Hopper
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 490-01-3582
17. INFORMANT Mrs. Myrtle Dickerson Address Morehouse, 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) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 163X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 1-1-58 to 2-17-58 and last saw her/him alive on 2-17-58
Death occurred at 2:53 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. E. Barnes (Degree or title) M. D.
22b. ADDRESS Sikeston, Missouri
22c. DATE SIGNED 2-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-19-58
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories
23d. LOCATION (City, town, or county) (State) Sikeston, Missouri

24. FUNERAL DIRECTOR Edward E. Nunnelee ADDRESS Nunnelee Funeral Chapel Sikeston
25. DATE REC'D BY LOCAL REG. 2-24-58
26. REGISTRAR'S SIGNATURE Kathryn L. McBain

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1958

MAR 18 1958

DATE RECEIVED MAR 3 1958
NEW MADRID CO. HEALTH CENTER
P.J.S.

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 Philip J. Cassady

Licensed Embalmer No. 4

P. O. Address Sikeston

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.