

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032000
Stat. File No.

FILED SEP 23 1958

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 74

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give township) Carrollton		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Carrollton <u>0171</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 Died in his car (Korff oil)			STREET ADDRESS (If rural, give location) 208 East 3rd. Street.		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Ray	c. (Last) Dickinson	4. DATE OF DEATH (Month) (Day) (Year) 8-23-58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2nd. 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 7 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Carroll County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Dickinson		13b. MOTHER'S MAIDEN NAME Elon Thomas	14. NAME OF HUSBAND OR WIFE Ethel Baker Dickinson.		
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. 500-22-8464	17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Dickinson ADDRESS Carrollton Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 10 yrs 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 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from October 1947 , to Aug 23 , 19 58 , that I last saw the deceased alive on 8-10 , 19 58 , and that death occurred at 11:15 A.m. , from the causes and on the date stated above.					
23a. SIGNATURE John H. Clark		(Degree or title) MA	23b. ADDRESS Carrollton, Mo.		23c. DATE SIGNED 8/24/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-25-58	24c. NAME OF CEMETERY OR CREMATORY Van Horn Cemetery	24d. LOCATION (City, town, or county) (State) North of Carrollton Mo.		
DATE REC'D BY LOCAL REG. 9/22/58	REGISTRAR'S SIGNATURE Mr. Herbert Calvert		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home		ADDRESS Carrollton Mo.

SEP 8 1958

MAR 16 1959

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 *R M Marshall*.....

Licensed Embalmer No. *2525*

P. O. Address *Carrollton*

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.