Health, & Welfare Public Service

. 300
1-57

3

All diseases in Part I must be causally related.

Dr. Wm B. Rast

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035511
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1160

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes ☐ / No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA St. Joseph's Hosp — Length of stay in 1b: 45 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2105 Washington Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: ALVIN Middle: Last: DICKSON
4. DATE OF DEATH: Month: Oct. Day: 31 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH: July 18, ~~1958~~ 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentering
11. BIRTHPLACE (City and state or country): Nodaway County Missouri
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: J.J.Dickson
13b. MOTHER'S MAIDEN NAME: Caroline Sturgill
14. NAME OF HUSBAND OR WIFE: Mrs. Myrtle Dickson
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.: 500-36-0656
17. INFORMANT: Mrs. Myrtle Dickson — Address: 2105 Washington Av St. Joseph, 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): Arteriosclerotic cardio-vascular disease c̄ acute Failure — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~~Cardiac Asthma.~~
DUE TO (c): Arteriosclerosis General
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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 1-10-58, to 10-31-58 and last saw him alive on 10-9-58
Death occurred at 11:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm B Rast MD (Degree or title)
22b. ADDRESS: 316 No 10th St Joseph Mo
22c. DATE SIGNED: 11-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-3-58
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county): St. Joseph (State): Missouri

24. FUNERAL DIRECTOR: Stanley Funeral Home NHS — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 3, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.