

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044788

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEDFORD</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>RED-OLD MONROE</u> 0570
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H.C.M. Hosp.</u>		Length of stay in lb <u>1 DAY</u>	d. STREET ADDRESS (If outside, give location) <u>3 ml. NORTH</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT LEE DICKMEYER</u>			4. DATE OF DEATH Month Day Year <u>DEC. 3 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 4, 1931</u>
9. AGE (In years last birthday) <u>27</u>		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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>OLD MONROE, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WALTER DICKMEYER</u>	
13b. MOTHER'S MAIDEN NAME <u>SOPHIE UNFER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-38-5193</u>	17. INFORMANT <u>RUTH DICKMEYER</u> Address <u>ST. LOUIS, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Glyco-ehhlyene Poisoning.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>28 Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Drinking Permenant Anti-freeze Solution.</u>			
DUE TO (c) <u>of own volation.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>9718</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Subject drank antifreeze to commit suicide</u>	
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 checked="" 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 _____, to _____ and last saw ^{her} him alive on _____ Death occurred at <u>10:20 PM</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph J. Marsh</u> (Degree or title) <u>CORONER 3</u>		22b. ADDRESS <u>Trpy, Missouri</u>	
22c. DATE SIGNED <u>12/4/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 5, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S E & R</u>	23d. LOCATION (City, town, or county) (State) <u>OLD MONROE, Mo.</u>
24. FUNERAL DIRECTOR <u>O. C. Ricks</u>	ADDRESS <u>ELSBERRY, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-19-1958</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4017

P. O. Address. Elsherry, N.

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.