

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017185

STATE FILE NUMBER

REGU JUN 8 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-44

1. PLACE OF DEATH a. COUNTY Dade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Da de		
b. CITY (If outside corporate limits, give TOWNSHIP only) Sac TWP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenfield M rtl		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Sac TWP		Length of stay in lb yrs	d. STREET ADDRESS (If outside, give location) 10 mi N.E Greenfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Elmer Dicus			4. DATE OF DEATH Month May Day 29 Year 1959		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 19 1885	9. AGE (In years last birthday) 73	F UNDER 1 YEAR Months 5 Day 10
10a. USUAL OCCUPATION (Give kind of work done during 1 year, or place if given if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dade Mo		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME Mark Dicus		13b. MOTHER'S MAIDEN NAME Malinda Dicus		14. NAME OF HUSBAND OR WIFE Flossie Carlock	
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. none	17. INFORMANT Address Lester Dicus Greenfield Mo rtl			
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					INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331x			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input 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 5-11-59 to 5-29-59 and last saw him alive on 5-23-59 Death occurred at 4:20A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Lee A Mc Neal MD			22b. ADDRESS Greenfield, Mo		22c. DATE SIGNED 6-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 31 1959	23c. NAME OF CEMETERY OR CREMATORY Greenfield	23d. LOCATION (City, town, or county) (State) Greenfield Mo.		
24. FUNERAL DIRECTOR W.R. Allison		ADDRESS Greenfield Mo.	25. DATE RECD. BY LOCAL REG. 6-3-1959	26. REGISTRAR'S SIGNATURE J. C. Canada	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W.R. Allison*

Licensed Embalmer No. *4404*

P. O. Address *Greenfield*

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.