

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020661

HELD JUL 1 1959

Registration District No. 59 Primary Registration District No. 4077 STATE FILE NUMBER Registrar's No.

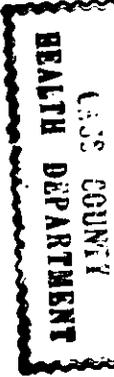
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1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harrisonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 505 W WALL		Length of stay in 1b 3 yrs	d. STREET ADDRESS (If outside, give location) 505 W WALL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANKLIN ERNEST Dickey			4. DATE OF DEATH Month Day Year June 26-1959		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 25, 1884	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days 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 INDUSTRY	11. BIRTHPLACE (City and state or country) Drexel, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ABNER L. Dickey		13b. MOTHER'S MAIDEN NAME MARY E. Mendenhall		14. NAME OF HUSBAND OR WIFE FRANCES M. Dickey	
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. 49909424A	17. INFORMANT Address Mrs Frances Dickey Harrisonville, Mo		
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 urinary bladder.					INTERVAL BETWEEN ONSET AND DEATH 6 wks
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) hypertrophic arthritis - generalized - 1810					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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 May 1959 to 6-26-59 and last saw ^{her} him alive on 6-26-59 . Death occurred at 9:25 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) Edward S. Jones MD			22b. ADDRESS Harrisonville, Mo		22c. DATE SIGNED 6-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-28-59	23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		23d. LOCATION (City, town, or county) (State) HARRISONVILLE, MO.
24. FUNERAL DIRECTOR Atkinson Dickey Harrisonville, Mo.			25. DATE RECD. BY LOCAL REG. 6-28-59		26. REGISTRAR'S SIGNATURE Mrs Ray Sebra

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Robert W. Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Hannonsville*

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.