

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021882
STATE FILE NUMBER

FILED JUL 9 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 318

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Length of stay in lb 50 yrs	d. STREET ADDRESS 405 Hill Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) KEITH DICKENS			4. DATE OF DEATH Month June Day 23 Year 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 April 7, 1900	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer		10b. KIND OF BUSINESS OR INDUSTRY Produce Sales	11. BIRTHPLACE (City and state or country) McDonald County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fate Dickens		13b. MOTHER'S MAIDEN NAME Anna Reavly		14. NAME OF HUSBAND OR WIFE Maude Dickens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) No	16. SOCIAL SECURITY NO. 492-20-7447	17. INFORMANT Address Mrs. Maude Dickens, 405 Hill, Joplin, 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) <u>Acute Staphylococcal Asthenosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Acute 4 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary fibrosis + asthma</u>					
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.) 241X		
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 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 <u>1:30 PM 6/23/59</u> to <u>5:15 PM 6/23/59</u> and last saw him alive on <u>6/23/59 at 5:15 PM</u> Death occurred at <u>5:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wendell M. ...</u>			22b. ADDRESS <u>2824 Jackson, Joplin, Mo</u>		22c. DATE SIGNED <u>6/25/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.			25. DATE RECD. BY LOCAL REG. 7-2-1959	26. REGISTRAR'S SIGNATURE <u>Dorice Merriam</u>	

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 *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.