

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH FILED VS FEB 23 1960

-60-009428

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 34

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 17 years		c. CITY OR TOWN Marshall		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 75I West Boyd St.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Maggie Middle Belle Last Dickson				4. DATE OF DEATH Month February Day 16th Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10-31-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months ☐ Days ☐		IF UNDER 24 HR Hours ☐ Min. ☐
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Saline County Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Francis Figgins		13b. MOTHER'S MAIDEN NAME Margaret West		14. NAME OF HUSBAND OR WIFE -----			
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 William A. Dickson, Marshall 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) Struck By Automobile Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Co accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH 2 hours	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by car while crossing street.					
20c. TIME OF INJURY 6-50	Hour 6-50 Month, Day, Year 2-16-60						
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.) Boyd St. (Mar.) Hall Marshall	20f. CITY, TOWN, OR LOCATION Marshall		COUNTY Saline		STATE Mo	
21. I attended the deceased from 9-45 P.M. and last saw her alive on 2-24-60 Death occurred at 9-45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. L. Lewis M.D.				22b. ADDRESS Marshall Mo.		22c. DATE SIGNED 2-19-60	
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		23d. LOCATION (City, town, or county) Arrow Rock Missouri		(State)	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.				25. DATE RECD. BY LOCAL REG. 2-19-1960		26. REGISTRAR'S SIGNATURE James A. Lewis Jr. Dep.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James H. Lewis Jr.

Licensed Embalmer No.

4709

P. O. Address

Marshall, W.

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.