

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034267

FILED VS OCT. 4 1960

93

Primary Registration District No.

Registrar's No.

60-62

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Polk twp.</b>		Length of stay in 1b <b>23 yrs.</b>	c. CITY OR TOWN <b>Polk twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt #1; Walnut Grove</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt #1; Walnut Grove</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Lillie</b> Middle <b>Bell</b> Last <b>Dicus</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>25</b> Year <b>1960</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 9, 1891</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Harper Co., Kan.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Ewing L. Potter</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Hardwick</b>	14. NAME OF HUSBAND OR WIFE <b>Leslie Dicus</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	16. SOCIAL SECURITY NO. <b>496-42-6695</b>	17. INFORMANT <b>Mrs. Christine Jennings; Walnut Grove, Mo.</b>	Address <b>Rt. #1</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 weeks</b>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY. Hour <b>6:00</b> a.m. p.m.	Month, Day, Year <b>Sept 1960</b>
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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 <b>Springfield mo.</b>	COUNTY	STATE
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21. I attended the deceased from **1 Sept 1960** to **25 Sept 1960** and last saw her **20 Sept 1960** alive on **20 Sept 1960**.  
Death occurred at **6:00** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Francis M Maple</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Springfield mo.</b>	22c. DATE SIGNED <b>28 Sept 1960</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 28, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dadeville Masonic</b>	23d. LOCATION (City, town, or county) <b>Dadeville, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>J. C. Canada, Greenfield, Mo.</b>	ADDRESS <b>Greenfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9/28/1960</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>
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(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

*J. C. Canada*

Licensed Embalmer No. 4196

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.