

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037138

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 220 STATE FILE NUMBER

LED V9 SEP 16 1960

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Scott b. COUNTY Missouri									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 1 Hr. 9 min		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 137 Marian St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First TONI Middle LEE Last DICKERSON				4. DATE OF DEATH Month 8 Day 26 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-25-1960		9. AGE (last birthday) 1 hr. 9 min		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours 1 min. 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Robert Larry Dickerson				13b. MOTHER'S MAIDEN NAME Harriette Lee Chartran				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT Robert Larry Dickerson Address Sikeston, 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) Premature separation of placenta?										INTERVAL BETWEEN ONSET AND DEATH ?			
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT: 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 _____ a.m. _____ p.m.		Month, Day, Year											
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 8-25-1960 to 8-26-1960 and last saw her ^{her} alive on 8-26-1960 Death occurred at 12:01 A. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wm. C. Cutchlow M.D.						22b. ADDRESS Sikeston, Mo.			22c. DATE SIGNED Aug 27, 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-26-1960		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery				23d. LOCATION (City, town, or county) (State) Charleston, Missouri					
24. FUNERAL DIRECTOR Edward E. Nunnlee ADDRESS Nunnlee funeral chapel, Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 9-10-60				26. REGISTRAR'S SIGNATURE Miss Ella Hunter					

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

Body NOT EMBALMED

Signed _____

Edward E. Quinn

Licensed Embalmer No. 4164

P. O. Address Siberia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.