

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040924

FILED VS DEC 13 1960

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>	Length of stay in 1b <b>2 wks.</b>	c. CITY OR TOWN <b>Auxvasse</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>Audrain Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4 Mi. West</b>

3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Calvin</b> Last <b>Dickey</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>4,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-16-1900</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Kiln Fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fire Brick</b>	11. BIRTHPLACE (City and state or country) <b>Audrain Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles H. Dickey, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Artie M. Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-22-0994</b>	17. INFORMANT <b>Charles Dickey, Jr. Mexico, Mo.</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>Chronic Myocardial Ischemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b> <b>4 yrs to Eng Knowlty</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertension</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.)
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 1956, to Dec. 4 60 and last saw him alive on Dec. 4, 1960  
Death occurred at 5:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <b>12-6-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-6-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Mem. Park</b>	23d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>

24. FUNERAL DIRECTOR <b>Arnold Funeral Home</b>	ADDRESS <b>510 S. Wash. Mexico, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 6-1960</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

DEC 16 1960

**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 Richard T. M. Brown

Licensed Embalmer No. 482

P. O. Address Memphis

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.