

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-037843

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 121

STATE FILE NUMBER

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Neosho</b>	Length of stay in 1b <b>1 Week</b>	c. CITY OR TOWN <b>Rocky Comfort</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>Sales Memorial Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Rural</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Abigail</b> Last <b>Dickens</b>			4. DATE OF DEATH Month <b>October</b> Day <b>19</b> Year <b>1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-20-1905</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>7</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Newton County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Sam Clanton</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>Oran G. Dickens</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>None</b>	17. INFORMANT <b>Dorothy Flaxbeard Rocky Comfort, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Tuberculosis pulmonary Related

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.  
 Yes  No  Unknown

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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Rocky Comfort, Mo</b>	COUNTY <b>McDonald</b>	STATE <b>Missouri</b>
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21. I attended the deceased from 1959 to Oct 19 '61 and last saw her alive on Oct 19, '61  
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. Clanton MD</i>	(Degree or title) <b>MD</b>	22b. ADDRESS <i>Neosho Mo</i>	22c. DATE SIGNED <b>10-22-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-21-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cem.</b>	23d. LOCATION (City, town, or county) <b>Stella, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <i>Wm Morris Eugene Wheaton</i>	ADDRESS <i>Neosho Mo</i>	25. DATE RECD. BY LOCAL REG. <b>10-20-61</b>	26. REGISTRAR'S SIGNATURE <i>Delvin C. Brown</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*by D. Belka*

NOV 8 1961

OCT 30 1961

**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 Wm Morris Rogue

Licensed Embalmer No. 3442

P. O. Address Wheaton

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.