

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040619

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 263

AMENDED

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON, MO</u>		Length of stay in 1b	c. CITY OR TOWN <u>ROSEBUD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCES</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>MO</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LUTHER. H DICKENS</u>			4. DATE OF DEATH Month Day Year <u>NOV-18-1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-27-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STA.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Sta.</u>	11. BIRTHPLACE (City and state or country) <u>La Hentich, U S A</u>
13a. FATHER'S NAME <u>HARM. DICKENS</u>		13b. MOTHER'S MAIDEN NAME <u>CORINA GUTHRIE</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA. HODGES</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		17. INFORMANT Address <u>ma. E. Dickson Rose bud. mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which give rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Asthma Peptic Ulcer</u>			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 <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 Month, Day, Year a.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from <u>11/15/61</u> to <u>11/18/61</u> and last saw ^{her} _{him} live on <u>11/18/61</u> . Death occurred at <u>11:30p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Decede or title) <u>James A Shea mo.</u>		22b. ADDRESS <u>Herald, mo</u>	22c. DATE SIGNED <u>11/20/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-21-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>	23d. LOCATION (City, town, or county) (State) <u>Rosebud mo.</u>
24. FUNERAL DIRECTOR <u>E J Meyer Herald mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/20/61</u>	26. REGISTRAR'S SIGNATURE <u>Lois E. Hulman</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union Ave

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.