

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025772

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6220 Registrar's No. 117

FILED JUL 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59  
1 1080  
2 1080  
3  
4 0  
5 2  
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7 1  
8 2  
9 794X  
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11  
12 90-8  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harmon, Vernon Co. Arcadia, Kans RR No 2</u>		Length of stay in lb <u>40 years</u>	c. CITY OR TOWN <u>Arcadia, Kans RR No 2</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Arcadia, Kans RR No 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Arcadia, Kans RR No 2</u>
3. NAME OF DECEASED (Type or print) First <u>DE WITT</u> Middle <u>DICKSON</u> Last <u>DICKSON</u>		4. DATE OF DEATH <u>June 20 1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 6 1870</u>
9. AGE (last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Effingham, Kans</u>
13a. FATHER'S NAME <u>Thomas Dickson</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice Dickson (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>  </u>	17. INFORMANT <u>Don Dickson Arcadia, Kans RR 2</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>natural causes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>advanced age.</u> DUE TO (c) <u>  </u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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 checked="" 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 <u>  </u> a.m. <u>  </u> p.m.	Month, Day, Year <u>  </u> / <u>  </u> / <u>  </u>		
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. Attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>June 20, 1962</u>		Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Anna J. Jarry Local Registrar Nevada, Missouri</u>		22b. ADDRESS <u>  </u>	22c. DATE SIGNED <u>6-22-1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial June 27-62</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>McKILL</u>	23d. LOCATION (City, town, or county) (State) <u>Vernon Co Mo</u>
24. FUNERAL DIRECTOR <u>St. J. Moorehan Arcadia, Kans</u>	ADDRESS <u>  </u>	25. DATE RECD. BY LOCAL REG. <u>6-22-1962</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Jarry</u>

**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 H. J. Moorhead

Licensed Embalmer No. 3616

P. O. Address Armadia, Kansas

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.