

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029798

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 132

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1	1085
2	1085
3	
4	0
5	2
6	
7	1
8	2
9	493X
10	
11	
12	1-0
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

<p style="font-size: 18pt; font-weight: bold; margin: 0;">FILED JUL 24 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Vernon</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Vernon</u></p>				
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u></p>		<p>Length of stay in 1b <u>21 years</u></p>	<p>c. CITY OR TOWN <u>Nevada</u></p>	<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>329 East Walnut</u></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Barnes Dickinson</u></p>			<p>4. DATE OF DEATH Month Day Year <u>July 10, 1962</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>June 15, 1885</u></p>	<p>9. AGE (last birthday) <u>77</u></p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mixel owner</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>Grand Meadows, Minn.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Arson A Dickinson</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Lavina Barnes</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Edith W. Dickinson</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>			<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Address <u>Mrs Ida B Wert Nevada, Missouri</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Pneumonia</u></p> <p>Conditions, if any, which go to rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocarditis</u></p> <p>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</p>						
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> none <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u></p>				
<p>20c. TIME OF INJURY Hour Month, Day, Year <u>7 A. m.</u></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u></p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Nevada Vernon Mo</u></p>			
<p>21. I attended the deceased from <u>July 4-62</u> to <u>July 10-62</u> and last saw him alive on <u>July 9-62</u> Death occurred at <u>7 A. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Deceased or wife) <u>W. HOUSE MD</u></p>			<p>22b. ADDRESS <u>Nevada, MO</u></p>		<p>22c. DATE SIGNED <u>6/11/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>7/12/62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Deepwood Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u></p>			
<p>24. FUNERAL DIRECTOR ADDRESS <u>Eichinger-Milster Funeral Home Nevada Missouri</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>7-16-1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Arma E. Jorgy</u></p>			

JUL 25 1962

**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

*Geroy F. Miller*

Licensed Embalmer No. 4805

P. O. Address Neurode, Mo.

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.