

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000776

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No.

101

Primary Registration District No.

Registrar's No.

3

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brush Creek Township</b>		c. CITY OR TOWN <b>Drury</b> <b>6340</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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>Drury-Gen. Delivery</b>		Length of stay in lb <b>Life</b>	
d. STREET ADDRESS <b>General delivery</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Melissa</b> Middle <b>Lee</b> Last <b>Dickison</b>		4. DATE OF DEATH Month <b>January</b> Day <b>5</b> Year <b>1959</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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 28, 1871</b>
9. AGE (In years) <b>87</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
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	
11. BIRTHPLACE (City and state or country) <b>Douglas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Hicks</b>		13b. MOTHER'S MAIDEN NAME <b>Hester Cox</b>	
14. NAME OF HUSBAND OR WIFE <b>Cecil B. Dickison</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>Oliver Dickison</b> Address <b>Drury, Missouri</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) <b>Cerebral Hemorrhage</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) <b>331x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12-7-58, 9-9-58</b>	
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 <b>a.m.</b> Month, Day, Year <b>p.m.</b>		20d. INJURY OCCURRED WHILE AT <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 <b>Douglas County, Missouri</b>	
21. I attended the deceased from <b>6-6-47</b> to <b>1-5-59</b> and last saw her alive on <b>12-7-58</b> Death occurred at <b>9:30 A.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE <b>Dr. C. P. Harker A.C.O.</b> (Degree or title)		22b. ADDRESS <b>Ava Mrs.</b>	
22c. DATE SIGNED <b>1-8-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>1/8/1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Plesant Mound Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Douglas County, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Barber Funeral Home</b> ADDRESS <b>Mtn. Grove, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-15-59</b>	
26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

C. E. Harker, M.D. BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *B. J. Staple* .....

Licensed Embalmer No. *3161* .....

P. O. Address *M. J. Jones, Me* .....

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.