

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43455

State File No. \_\_\_\_\_

48

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6162</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Stone Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone Co</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u>		c. LENGTH OF STAY (In this place) <u>30 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>W</u>		c. (Last) <u>Dickens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 21-1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Denver Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		
13a. FATHER'S NAME <u>Robert Dickens</u>			13b. MOTHER'S MAIDEN NAME <u>Martha (Guntmann)</u>		14. NAME OF HUSBAND OR WIFE <u>Della Dickens (Dead)</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'S SIGNATURE OR NAME ADDRESS <u>Roxie Tolivins Reeds Springs Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Lymph. Sarcoma</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Reeds Spng Stone Mo</u>		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>Nov 27</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred on <u>Nov 27</u> at <u>2</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. P. Galtier M.D.</u>				23b. ADDRESS <u>Reeds Springs Mo.</u>		23c. DATE SIGNED <u>Nov 29 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Denver Ark</u>		24d. LOCATION (City, town, or county) (State) <u>Denver Ark</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 29-49.</u>		REGISTRAR'S SIGNATURE <u>Lena Murray - Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest C. Cheatham</u>		ADDRESS <u>Salina Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 13 1949  
District Health Office No. 6,  
District File Number 1249-1366  
Date Filed 12-14-49

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 .....  
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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 this body is not embalmed, fact should be so stated above.