

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37472

FILED DEC 8 1950

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 1172	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Mo.		c. LENGTH OF STAY (in this place) 6 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 1 Box 227 0490			
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 N. Webb St.				d. STREET ADDRESS (If rural, give location) Webb City, Mo. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Lake		b. (Middle) Lee		c. (Last) Dickson	
4. DATE OF DEATH		(Month) Nov.		(Day) 27		(Year) 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH April 1, 1872	
9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months 7		IF UNDER 1 YEAR Days 25		IF UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waco Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ambrose Dickson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Earl Dickson Rt. 1 Webb City			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia bilateral Paralysis below waist cause unknown DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 30, 1950, to Nov 27, 1950, that I last saw the deceased alive on 11-27-50, and that death occurred at 1:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] MD				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 11-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 11/29/50		24c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery		24d. LOCATION (City, town, or county) (State) Sheldon, Missouri	
DATE REC'D BY LOCAL REG. Nov 29-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce Simpson Webb City			

(Licensed Embalmer's Statement on Reverse Side)

Mortuary Mo

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

194

RECEIVED 12-6-50
Jasper County Health Office

County File Number 50-11-883

Date Filed 12-6-50

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 Harvey E. Amice

Licensed Embalmer No. 4463

P. O. Address Clear City, 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.