

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17130
Registrar's No. 4581

BIRTH NO. 30323-51 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3032

537

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	c. LENGTH OF STAY (in this place) <u>9 hr 14 min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartsville 1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Louise G Wallace</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED a. (First) <u>Connie</u> b. (Middle) <u>Lunna</u> c. (Last) <u>Dickinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>5-13-1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>LEBANON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Clifford H. DICKINSON</u>	13b. MOTHER'S MAIDEN NAME <u>Wanda Revitts</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Hiram Dickinson, Hartsville</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature infant (birth wt 2# 9oz)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs 14 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(about 5mo. infant)</u>		
	DUE TO (c) <u>(about 5mo. infant)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 5/13, 1951, to 5/13, 1951, that I last saw the deceased alive on 5/13, 1951, and that death occurred at 4:14 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. Hope, MD</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>5/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>	24b. DATE <u>5-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Family Center</u>	24d. LOCATION (City, town, or county) (State) <u>Hartsville Mo.</u>
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DATE REC'D BY LOCAL REG <u>5-17-1951</u>	REGISTRAR'S SIGNATURE <u>Hella L. Mayo</u> 4241	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>No Funeral Director</u>
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Received MAY 19 1951
Laclede County Health Unit
File No. 5-51-74
Date Filed MAY 21 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. J. Funeral Director

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.